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VAPOR ANESTHESIA.

By James R. Dawson, M.D.,

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Beginning in 1842 when Dr. Crawford W. Long, of Georgia, administered ether with success in some surgical operations, and in 1847, when chloroform was first introduced by Sir. J. Y. Simpson, there has existed a continuous struggle as to which would outrival the other in the surgeon's favor, and at different times each has occupied the premier position wherever surgery is known. Endless discussions have taken place, commissions have been appointed, and numerous investigators have bent their best energies, all for the purpose of determining which is the safer anesthetic, and after nearly half a century most of us have come to the conclusion that each anesthetic has its field of usefulness, and one must be familiar with the use of both to obtain the best results, and, after all, the skill and experience of the anesthetist is the chief thing on which we must depend, and not altogether on the anesthetic or inhaler used.

We readily understand that just as all surgical cases differ in their requirements, so do all anesthetizations, and the selection of the appropriate agent for the safety of the patient, first, and the comfort of

the surgeon, second, must necessarily require no little skill, experience and caution, and makes every case of anesthesia a separate and interesting study. This study has so stimulated men, both in this country and in Europe, that as a result many methods as well as inhalers advocated at different times as "best and safest" have been introduced,

The two anesthetics that have received the most attention have been chloroform and ether, and the greatest work has been done towards perfecting an inhaler and technique that would insure a definite dosage of either agent, and when this has been accomplished the giving of an anesthetic becomes more scientific and at once safer.

The vapor method of producing anesthesia was first introduced during the latter part of the nineteenth century, and inhalers were constructed accordingly by Clover and Paul Bert. Later Junker's inhaler came into almost universal use and continued so for many years.

The main defect in the construction of Junker's inhaler is in the closed mask which allows imperfect respiration, due to its not being large enough to contain sufficient vapor for a full inspiration, and as a result needless and dangerous strain is thus thrown on both the respiratory and circulatory centers. With this inhaler the production of a safe anesthesia was assured, but subsequent deaths proved this was untrue. These deaths, according to Gwathmey, were due not so much to the chloroform vapor as to the faulty construction of the mask which compels the patient at times to attempt to breathe from a vacuum. Again, another defect is in the faulty construction of the inhaler, as it contains only one bottle, consequently only one anesthetic can be used at a time, and the percentage of vapor can be only roughly estimated. These defects make it a very undesirable inhaler, and it is hard to comprehend why England continued to use it up to 1904.

The Harcourt inhaler has since come into prominence and has received very flattering endorsements, one by the special chloroform committee appointed by the British Medical Association. It also has a closed mask with the disadvantages just enumerated, but has

the distinct advantage over the Junker inhaler by being so arranged as to give a definite dosage of a known percentage of vapor. This can be used for chloroform only, and if a change to ether should be indicated it would be necessary to change to some other form of apparatus, thus entailing loss of time and unnecessary and prolonged anesthesia.

Braun later modified Junker's apparatus so that ether and chloroform could be given separately or combined in any proportion. With this inhaler a metal mask is used, without valves, with an opening at the top for the supply of air. This modifies the closed masks of the Harcourt and Junker inhalers.

The objection to all of these inhalers is that air or oxygen cannot be increased or decreased without at the same time increasing or decreasing the amount of the anesthetic employed.

Some time last year Dr. Jas. T. Gwathmey, of New York, after repeated experiments introduced an inhaler that appeals to me as the most perfect yet used. The inhaler proper contains three four-ounce graduated bottles, and into each there is passing down four tubes varying in length from one that reaches the bottom to one that only penetrates the stopper. These tubes represent four degrees of vapor strength; the longest, No. 4, with the open mask to be described, has an estimated one per cent. vapor strength; the shortest, No. 1, representing an attenuated vapor strength of only one-tenth of one per cent. In addition to these degrees, by simply turning a small lever the patient is supplied with pure air or oxygen.

When the inhaler is to be prepared for use one bottle is filled with chloroform, one with ether, and one with water heated to 100 degrees F. A strap is buckled to two sides of the inhaler and this is suspended from the anesthetist's neck. A hand bulb is attached to one side for the entrance of air. The mask used, an open one resembling the Esmarch, is covered with several layers of gauze, and rubber tissue on top of this. The rim is hollow and perforated by several small holes for the escape of the vapor. This mask is connected to the inhaler by a small rubber tube to allow freedom of movement and manipulation. To begin the anesthetic the mask is placed over

the nose and mouth, the No. 1 valve turned so that one-tenth of one per cent. chloroform vapor can escape to the mask, and the hand bulb is then gently pressed at the beginning of each inspiration. The induction stage is usually very short and with no unpleasant effects, such as excitement, coughing, nausea, vomiting, etc. As the patient comes under the effect of the chloroform tube No. 2 is turned representing one-half of one per cent. chloroform vapor, and so on up to one per cent. vapor if necessary.

Just as the reflexes become abolished the chloroform is turned off and gradually ascending doses of ether are given. Both of these are passed through the hot water and heated to blood temperature, thereby making them less irritable to the bronchial mucous membrane and safer as regards life. As the hot water becomes cooled it is changed as often as may be necessary. The average time to induce surgical anesthesia in my cases has been eleven minutes, varying from five to twenty minutes. Gwathmey's average time has been six minutes. In my administrations I have not tried to establish a record for time, endeavoring to produce surgical narcosis as quickly as possible, but looking first to the comfort and safety of the patient.

In the above administration I differ somewhat with Gwathmey in that to alcoholics and neurotics he begins on a maximum vapor percentage, while I begin on a minimum dose to every body alike. Nature should be imitated whenever and as closely as possible, and when the required surgical anesthesia is reached the percentage vapor then in use should be continued throughout the operation, or increased or decreased to the required index of each individual patient as may be found necessary, only at intervals returning to chloroform when the reflexes become active, and so soon as they are abolished going back to ether and continuing. Contrary to the generally accepted opinion, I have never seen the slightest symptom indicating any danger in this changing from one drug to another with this method, so long as the reflexes are not entirely abolished when the change is made.

During the continuance of the anesthesia the smallest percentage of vapor possible to maintain an even anesthesia should be used. If

at any time the chloroform becomes too depressing, change to the more stimulating drug, ether. Or, if mucous collects in the air passages and renders respiration difficult and annoying while giving ether, turn for a few minutes to chloroform, first allowing the patient to awaken sufficient to swallow and so get rid of the mucous.

No stomach washing is necessary after the anesthetic is discontinued, and this alone becomes a delight to the anesthetist as well as a comfort to the patient.

From a tabulated number of my cases, I find that to induce and maintain surgical anesthesia every hour has required the use of ether gm. 58, and chloroform gm. 25. Even this amount I believe can be reduced.

My own experience with Gwathmey's apparatus coincides almost entirely with his, and the claims advanced which I have found very modest are:

1. A comparatively pleasant induction stage.
2. Usually an absence of any excitement, or if present at all it is so very slight as to be hardly objectionable.
3. Regular breathing in the surgical stage; no stertor, or snore, or mucous rale, and complete relaxation.
4. The small amount of anesthetic used—much less than with any inhaler or method I have ever seen.
5. Absence of unpleasant after effects, including scalding of the face.
6. The easily acquired technique.
7. We know approximately what percentage of vapor our patient is getting, and a continued narcosis is maintained with very little danger, avoiding an intermitting narcosis which is wrong in principle.
8. Either anesthetic can be used separately or any combination of the two by simply turning a lever, and without even changing position. The advantage in this and changing when necessary, and not persisting in the use of one anesthetic all the time will save many lives.

If an oxygen tank is at hand it can very readily be attached to the hand bulb at any time, and so increase the safety of the anesthetic.

In the special work on the eye, nose and throat the vapor is given through a tube passed into the pharynx through the angle of the mouth, or through a soft rubber catheter passed into the posterior nares. This facilitates this work, makes it easy for the anesthetist to "clean up" and does away with the old style inhalers which we have been accustomed to use.

But even the results of this very interesting work, even after a more perfect inhaler and technique have proven successful except in a few instances its general employment is retarded. And why? Because, first, the anesthetist is but seldom ever appreciated. So often has the remark been made, "If a man cannot give chloroform what can he do?" With such an expression from some surgeons, is it any wonder that the administration of anesthetics is the least of all minor parts of a medical college curriculum? Second, the anesthetist is the least paid of all men according to his responsibility. As a rule he is the last man thought of before the operation begins. Is it any wonder then, that, receiving such little encouragement, so few of our young doctors ever care to take up the study of this important work?

My earnest plea is for a greater appreciation and recognition of the anesthetist, and as a result this branch of surgery will soon mount to the height it so justly deserves, and the mortality rate instead of doubling itself as during the last ten years will soon become markedly lowered.

Since writing this paper I have made some further observations on the amount of anesthetic used, and in some very interesting cases where the time of anesthesia has been from thirty minutes to two and one-half hours the amounts used have in most every instance averaged close to ether gm. 30, and chloroform gm. 17 per hour. This is hard to comprehend when we remember how frequently patients are saturated with from 250-500 gm. of ether during comparatively short operations.

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ELBOW FRACTURES*

By J. D. S. Davis, M.D.,

Birmingham, Ala.

I have had 31 cases of elbow fractures. 18 cases were T fractures of the lower end of the humerus; 7 cases with fracture of internal condyle with dislocation backwards; 2 cases of fracture of internal condyle; 1 case of fracture of olecranon with backward dislocation; 2 fractured olecranon without dislocation and 1 case of fracture of ulna at joint with backward dislocation.

The case of olecranon fracture with dislocation backward occurred in a patient five years after the reception of a T fracture. (Fig. 1). Motion is perfect in every way.

All the cases were primary except one in the seven group of fractured internal condyle with backward dislocations. This case was delayed three months and led to a resection.

All the cases were private except two T fractures and one internal condyle fracture, which were treated at my college clinic. All were simple fractures except three of the T fractures, which were compound—the upper fragment piercing the soft structures.

The compound fractures were opened, cleaned, and then dressed as the simple fractures, except for sufficient gauze to protect the wound.

Save the symmetrical sterilized gauze dressings for the compound cases, all were dressed with plaster of Paris as follows:

In about one half the cases the skin was protected with a seamless stocking. The remaining half of the skin was smeared with vaseline and the plaster applied direct to the skin.

A strip of gauze was placed along ulna side of forearm, over elbow and up over arm, which was used as a guide in cutting the plaster just after the application of the plasters. Figure 2 illustrates the plastered joint after being cut over the strip of cloth, and

*Synopsis of a paper read before the Railroad Surgeons' Association of the Central Railroad, at Birmingham, Ala., April 17, 1906.

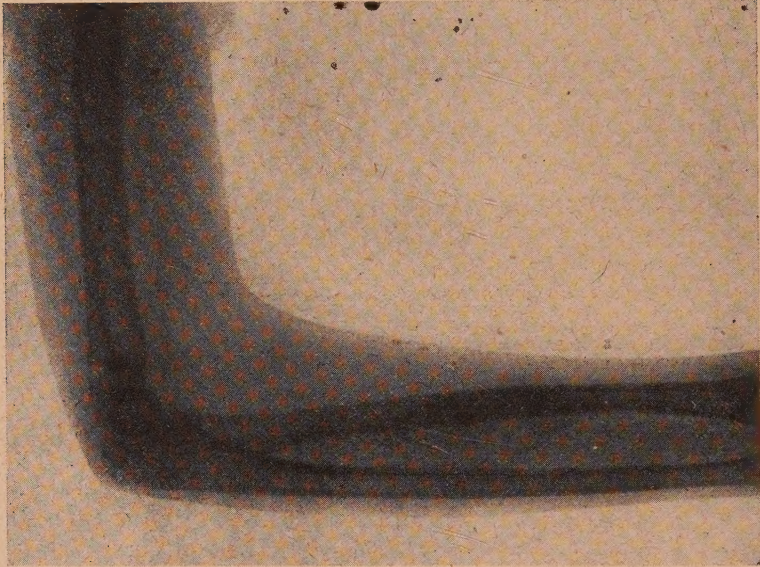


Figure 1.

figure 3 just after running a bandage over the plaster after it had been cut.

I exercise elbow at the end of 4th week; then twice weekly for two weeks; and then daily.

If this report is valuable in the fact that uniform good results follow immediate reduction, adjustment and continued approximation of the fragments, the one delayed case will certainly illustrate the dangers of the failure to give prompt treatment. So startling were the evil results from delay in this case that I will report it, giving the history of the case as briefly as possible, and leaving for future publications the more complete details and conclusion.

Miss H, a robust young woman, in fine health, weight 160 pounds, of good family history, while driving a very fine, spirited horse, was thrown from her trap. The fall produced many bruises and such injury to the right elbow that she could not exercise the forearm. Her

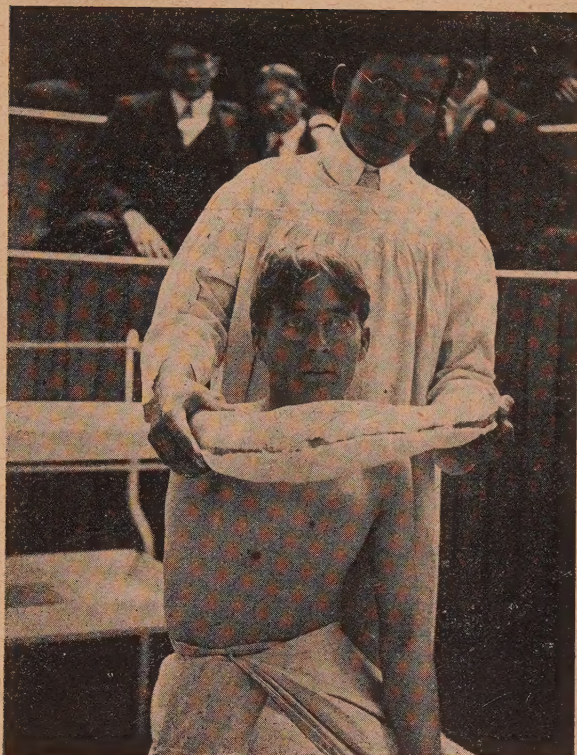


Figure 2.

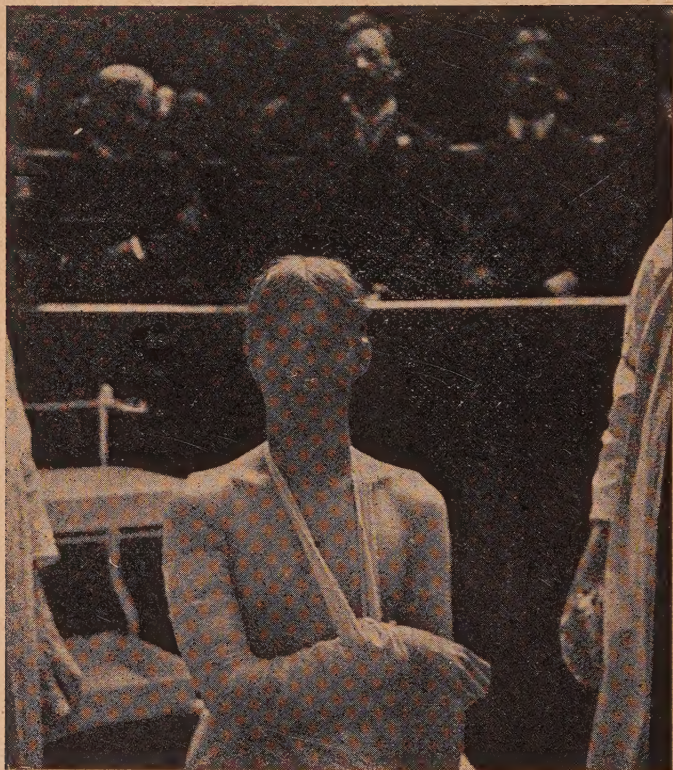


Figure 3.

physician (in the country) pronounced the elbow injury a sprain and applied hot poultices. Her injuries were sufficient to prevent her leaving the bed for three weeks.

Three months after the accident she consulted me about the condition of her elbow. I found a gun-stock deformity and a great deal of swelling at elbow. I told her she had a backward dislocation of ulna and radius with a probable fracture of internal condyle of humerus. X-ray examination confirmed my opinion. (See fig. 4.) She was prepared for anesthetic, but under anesthesia I was not able to overcome the dislocation. Later I prepared for opening the elbow, but succeeded in reducing the dislocation (at least I thought I had) and so I did not open the joint. My X-ray machine was out of commission at the time and I could not confirm my judgment. After this treatment and exercise she could flex the forearm to a right angle and extend it without aid. Later Dr. Hogan got the X-ray machine in order and I discovered that the bones were not in contact and demonstrated the cause of her inability to flex the forearm to acute angle. (See illustration 5).

A heavy invalucrum on the anterior of the joint acted as a fulcrum against the humerus and radius, and the joint was further obstructed by the displaced condyle and the osseous deposit in the joint.

A second anesthesia was given and I succeeded in breaking up the deposit sufficiently to enable me to extend and flex the forearm to an acute angle, so that the hand could be carried behind the head. Soon after this treatment inflammatory changes in the elbow became so active that I ceased all exercise, keeping the arm in a right angle plaster cast. In a short while she had wrist drop, due to the inclusion of the ulna nerve by the inflammatory exudate and I advised opening the elbow for the purpose of relieving the deposit of calus (both in front and rear of joint), and if this was not sufficient to secure joint action, I would do an arthroplasty after the method of Dow (recently described in an admirable article by Murphy) in brief: Resect the condyles and place a flap of facia over the lower end of the humerus. However, after the patient was under the anesthetic I found an active osteomyelitis, so instead of making lateral

incisions, I made one longitudinal incision (with elbow flexed) according to Logenbeck, along the inner side of the olecranon process extending one and one-half inch above and two and one-half inches below. The incision was made down to the bone, carefully avoiding the ulna nerve. "Removed the periosteum from that portion of olecranon process and ulna at the inner side of the incision. I separated by short parallel incisions the attachments of the inner half of the triceps tendon to the olecranon process. Pushed the tissues at the internal condyle together with the ulna nerve inward toward the tip of the condyle, and elevated the periosteum from the inner condyle sufficiently to separate the internal lateral ligaments and the attachments of the muscles from the bone and left them connected with the periosteum. The outer portion of triceps was drawn outward and disconnected from the olecranon process by short transverse incisions, closely hugging the bone, and allowed to remain continuous with the periosteum; exposed the external condyle by separating the capsular ligament at its attachment above the troclea and capitellum. The tissues and periosteum were widely separated, and by increased flexion the bones were delivered sufficiently to permit of resection subperiosteally beyond the diseased area." It was necessary to remove lower end of humerus above the condyles and so much of both radius and ulna that I was fearful I would get a flail joint. The periosteum was collapsed over the end of each bone, and through lateral punctures a four or five strand of worm-gut suture drainage was passed through the joint, and the incision closed with worm-gut sutures. The arm was dressed in flexion for two days and an extension for one day, and the position so changed for two weeks; then the arm was carried in flexion during the day and extended at night for several weeks. The drop wrist has been relieved completely. A very useful joint is the result, with good motion, pronation and supination almost perfect.

Figures 6 and 7 illustrate the arm after resection.

Figure 6 illustrates the arm in flexion and 7 in extension.

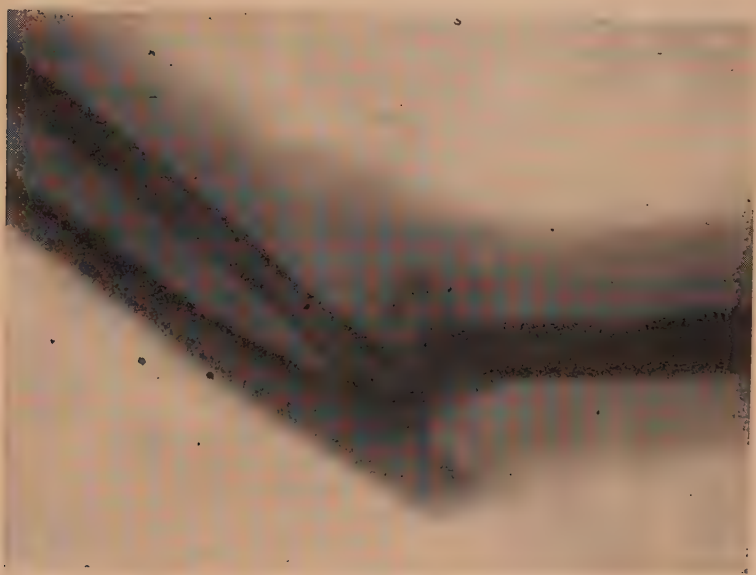


Figure 4

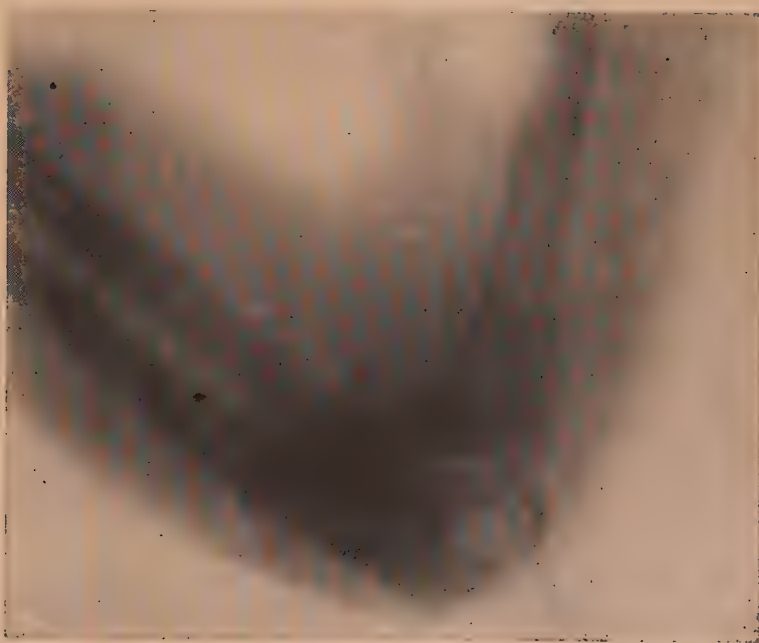


Figure 5



Figure 6.

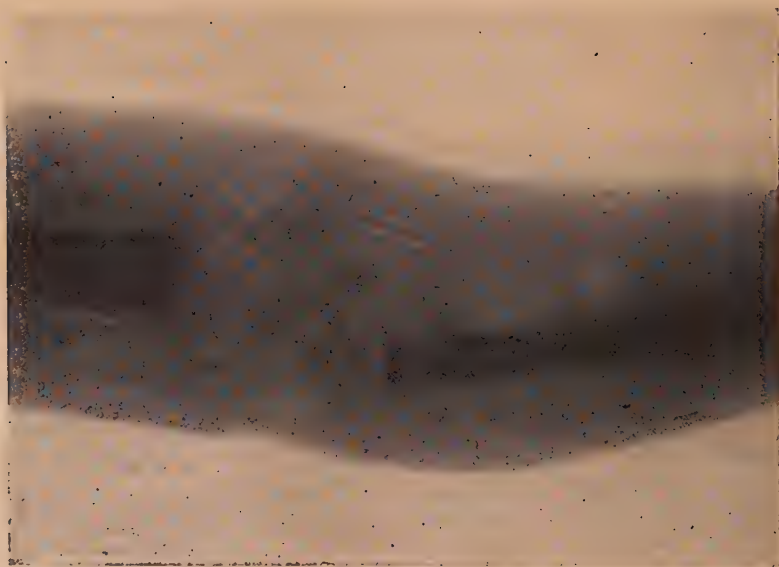


Figure 7

SOME ADVANTAGES OF "NITROUS-OXIDE GAS AND ETHER
ANAESTHESIA."

By Wm. Thompson, Berry, B.S., M.D.

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I purpose in this brief paper to advocate the efficacy of Nitrous-Oxide gas as a preliminary anaesthetic to ether. In doing so I believe I am but expressing the opinions of a majority of the recognized and experienced surgeons of the country who think Nitrous-Oxide gas and ether to be the quickest, safest and most dependable anaesthetic that can be used for major surgical operations requiring an expenditure of time. What experience I have had with it has confirmed my belief in its merits. Dr. W. T. Bull, of N. Y. city under whom I worked for two years, considers it an indispensable part of his operative technique. Dr. Hewitt also of New York claims this method to be superior to any which we possess at the present time. And so I could give others who use it in preference to any other anaesthetic. In looking over literature at my command on this subject I have not been able to find any report of a death due to the administration of the gas and ether, which safely seems to be due mainly to the small amount of gas and ether required. That deaths have occurred and do occur I have no doubt, but certainly a fewer number than by any other method. Dr. Wharton says gas kills one person in five million—ether kills one person in sixteen thousand and chloroform kills one person in three thousand anaesthesias. These three anaesthetics being the most universally used the evidence is in favor of gas and ether. A patient should never be allowed to inhale sufficient gas to reach the typical condition of marked cyanosis, widely dilated pupils and cessation of respiration. Before such a stage be reached the ether must be given which will usually cause the patient no inconvenience in the least. The combination of the two quickly and easily anaesthetizes your patient and requires but very little of

the gas and ether to complete an operation of average duration. This is a great advantage to your patient for the quantity of the anaesthetic given counts for much both as to the future welfare of your patient and also as an immediate factor in his re-action from the effects of the operation. The Nitrous-Oxide produces anaesthesia by arresting the oxygenation of the blood and the gas produces anaesthesia by directly acting upon the cerebral cortex. Complete anaesthesia by this method is manifested by a decided cyanosis and stertor. It causes a rapid rise of blood-pressure and for this reason it is well to remember that in atharomatous condition of the arteries it is contra-indicated when used alone. But combined with ether when a very small amount of the gas is given it would be a minimum risk even in this condition as the ether would stimulate the heart, steady the pulse and improve its volume. In a patient of a lymphatic temperament this is an ideal anaesthetic to use. We know that the great objection to the use of ether alone is its bad after effects upon the respiratory and urinary organs. By introducing the anaesthesia with gas this danger is to a very large extent overcome because you reduce the quantity of ether needed to at least one-fourth of the amount which is ordinarily given alone in an open cone. Another thing of importance is that in this way you also minimize the secretion of mucous and subsequent vomiting. The almost perfect safety of the Nitrous-Oxide gas and its quick and pleasant action renders it a valuable preliminary to ether and by its use you overcome the disagreeable pungent odor of ether, also overcome the ether irritability to the respiratory mucous membrane and the slowness of the onset of the anaesthesia. The first stage of ether anaesthesia which is dangerous and annoying to the patient and surgeon is supplanted by the pleasant and rapid action of the gas; for the patient will enter almost instantly into the state of full surgical narcosis. The blood and tissues of the body are necessarily not so completely saturated with the ether which favors your patient to a great degree. In giving this combination of Nitrous-Oxide gas and ether in over two hundred cases while a hospital resident I can recall but two bad after effects; and I am not so sure but in one of the cases it could be assigned to

a previously disturbed state of the patient's bowels, the case being an emergency one. I haven't considered any of the many other methods of anaesthesia given to us by different enthusiasts from time to time. My object has been to bring to the minds of those who read this article a few points of advantage by the use of Nitrous-Oxide gas as a preliminary anaesthetic to ether.

TREATMENT OF AORTIC ANEURISM BY THE INTRODUCTION OF PERMANENT WIRE AND GALVANISM.

By Gaston Torrance, M. D.,

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A white man, forty years of age, mine carpenter by trade, was admitted to St. Vincent's Hospital, September 12, 1904, with a large pulsating tumor of the chest, which was most prominent in the back between the left scapula and the spine, the upper border of which was on a level with the first dorsal spine, and extended downward 14 C. M. The scapula was displaced outward. Dullness extended 15 C. M. to the left from dorsal spines. Pulsations synchronous with the cardiac systole.

One sister died of tuberculosis; otherwise, family history negative. When twenty-one years of age, had an attack of fever lasting six weeks. Had syphilis eighteen years ago. General health has been good. Has used alcohol all his life. Three years ago had wrench of left shoulder.

Present trouble began six months ago with pain in breast and shoulders. The pain was so severe that he was compelled to go to bed. The tumor made its appearance at this time. He was confined to his bed for several months. Wet cups were applied and from four to six ounces of blood was withdrawn. He improved some for a time and then went back to work. About two months ago the tumor began to increase in size again, and grew steadily for about a month. Has been stationary since that time. Pain is quite severe and follows the course of the ribs, which have been eroded and crepitate on pressure. Heart sounds regular, but weak. Lungs, spleen and liver

apparently normal. Urine negative. Blood examination shows haemoglobin 80 per cent., red corpuscles 3,055,000, whites 6,500. Temperature ranges from normal to 102 1-2 F. Pulse from 76 to 120. Quite restless. Codeine is given, and occasionally a small dose of morphine is used to produce sleep. Iodide of potash was given for ten days in increasing doses when calcium chloride in doses of gr. XV T. I. D. was substituted. Three drops of tincture of Aconite were given three times daily. An ice cap was applied to the tumor.

Ten days after admission 18 ft. of No. 27 drawn silver wire were introduced through an aspirating needle large enough to carry the wire. The needle was insulated by a coating of shellac and sterilized by placing it in full strength formalin solution for a short time before using it. The patient was placed on his right side on an ordinary straight operating table. The field of operation was thoroughly scrubbed, and all oily substance removed with alcohol and ether, and a small area at the most prominent portion of the tumor was frozen with Ethyl Chloride, and the skin was incised with the point of a scalpel, and the needle was introduced through this small incision at right angles with the plane of the body. Very little force was required in introducing it, as the chest wall was very much thinned over the tumor. The needle was passed in its full length. A dark fluid came out through the needle, but no fresh blood. After passing in five or six feet of wire, the current was attached and a live wire introduced. The dry chloride of silver cells were used and the strength of the current varied from ten to twenty milliamperes. The current was kept up for an hour, and at the end of this time I had just finished introducing the wire. The patient was returned to the ward in good condition. The pulsations seemed to be somewhat less. The following morning he said he had spent the most comfortable night since admission. The tumor was smaller and pulsations less. He was more comfortable for ten days after the operation, and was placed on a reclining chair and wheeled out to get some fresh air. When taken back to the ward two hours later, he insisted upon getting back in bed without the assistance of the orderly. During the night he felt something give way in his back; he became faint and

nauseated with a sense of suffocation. When seen the next morning, the tumor was larger at the most dependent part. There was very little change in his condition in the next ten days. The tumor decreased some in size and the pulsations were less marked.

He was given some milk on the morning of the twenty-second day after operation, and an hour later vomited about a pint of dark clotted blood. He continued to vomit clotted blood every two or three hours in quantities of from two to eight ounces during the remaining two and a half days that he lived. It was with great difficulty that I was able to get a post mortem and was compelled to do it very hurriedly.

The tumor was situated on the posterior part of the descending arch, projecting backward. The sack had ruptured and the tumor was enclosed by the pleura in front and the chest wall posteriorly. The wire was firmly imbedded in clot, and had coiled as intended. After filling this space, the clot had bulged forward and upward, and by pressure had eroded and eventually ruptured into the oesophagus. He had died by bleeding into the stomach, and this becoming filled with clot, controlled the hemorrhage until the pressure was relieved by vomiting.

The stomach was distended by a firm clot.

PROPOSED STERILIZATION OF CERTAIN MENTAL DEGENERATES.*

By Robert R. Rentoul, M. D.,

London, England

Mr. President and Gentlemen:

My chief reason for bringing forward this proposal in 1903 was that I failed to see any other plan by which we could prevent the present large total of mental degenerates from begetting degenerates, and so handing on their degeneracy to their offspring. In order to illumine my remarks, I have prepared tables of statistics. A study

*Read before the Section of Psychology, at the Annual Meeting of the British Medical Association, at Toronto, August, 1906.

of the Annual Lunacy Reports and the Census Returns present us with heart-breaking statistics. Thus, according to the English Lunacy Commissioners' Report, there were, on January 1st, 1905, 119,829 officially certified insane, or 1 in every 285 of the population was insane. In 1896, 1 in 319 was insane. On the same day, there were in Scotland 17,241 certified insane, and in Ireland 22,966. In Ireland there was 1 insane person to 178 of the population; in 1851, 1 in 657. During the last fifty years the Irish population *decreased* by 31.9 per cent., while the insane rate increased by 198 per cent. A study of the statistics presented by the 1901 census of the United Kingdom shows that there were 484,507 mental degenerates, or 1 in 85 of the population. (See Table A.) I think a more accurate proportion would be 1 in 50. If we are to possess reliable statistics, I beg to suggest that there should be compulsory notification by physicians and others called in of every case of insanity, mental degeneracy, suicide, and attempted suicide to the Lunacy Commissioners. In no other way can reliable statistics be secured, for it is to be noted that the number given by the Census and by the Lunacy Commissioners varies by some 23,000, and on one given day.

The studies of Down, Beach, Tuke, Shuttleworth, Barr, and others show that there is a deeper depth than that of ordinary lunacy. They have called attention—not to the idiot, imbecile and lunatic, but to the "feebled minded," "mentally backward" and "defective" child. It is calculated that in England at least 1 per 1,000 of the population between the ages of 5 and 14 is feeble-minded, that is 88,346. Others have placed the total at 105,000, of whom only one-third could be made self-supporting.

I would ask you to emphasize the fact that these "defective" persons are the most dangerous citizens, and especially from the procreation standpoint. They are a "faked" class of humanity: "faked" by the specializing physician, "faked" by the school teacher, and "faked" by the tailor. But they mislead the public. The so-called education of "defectives" is one of the most difficult and most dangerous points with which we deal. With us it is not a question of *curing* their defect, because their defect is congenital, and it is more

than misleading to speak of the "schools" for these defectives. They can not be schooled in the sense understood by the public. Physicians know that it is the slightly-masked cases of *infectious* diseases which cause the widest-spread havoc. And so it is with this faked "defective" class, who present only the outward symptoms of sanity. Who of us would, however, wish to be joined in marriage to such a defective, or to see our children marry? This is the test. These and the many "borderland" cases—and amongst these I would include the markedly neurotic—drive one to the conclusion that we are compelled to adopt my proposal of sterilization. One can not drive home with too much energy the fact that there is a wide difference between the medical and legal views as to what constitutes degeneracy. No doubt, those who are not *legally* insane, but in whom insanity is latent and only requires some shock or stimulant to bring it to the surface, do beget degenerate children. But the legal mind ignores this fact, and fails to recognize that national sanity and national well-being are of more importance than is the "liberty of the subject," when considered with the question of procreation by insane persons. With the lawyer "liberty of the subject" is here synonymous with liberty to breed lunatics and to curse the offspring with indelible blemishes.

That insanity is on the increase few honest thinkers will question. The English Lunacy Commissioners, in their Annual Report, say: "No sustained advance has taken place in the average recovery rate in the last thirty years." Dr. F. J. Smith says "Anatomical research and neurological influences tend to show that recovery from lunacy is not, and cannot be, complete." The English Commissioners, in their Report, state that the number of insane under their supervision has, for some time past, been steadily increasing at a greater rate than the growth of the population. Thus, the rate of increase of the population during 1891 to 1901 was 12.2 per cent., while the insane community, known to the Commissioners, increased by 24.4 per cent. The Scottish Commissioners report that since 1858 the number of insane under their care has increased by 190 per cent., and the population by only 52 per cent.

WHAT DO I MEAN BY MY PROPOSAL TO STERILIZE
CERTAIN DEGENERATES?

I do not propose to remove the testes, or ovaries, and I object to the terms "mutilation," "castration" and "asexualization," as I do not propose to destroy either the primary or the secondary sexual characters of either male or female, even when these are insane, or mutilated by the gross errors of their progenitors. In the female I propose that part of the fallopian tubes be excised and ligatured—a simple operation. In the male degenerate I have proposed two operations: in one of these part of the vasa deferentia shall be excised and ligatured (vasectomy); in the other, a portion of the spermatic chords should be excised and ligatured (spermectomy). My reasons for so proposing are: experiments upon animals have shown that when the vasa deferentia have been divided and ligatured, the testes do not atrophy, and there is sexual desire, sexual power, but no power to impregnate. This is the little operation which should be undertaken in what I term voluntary sterilization. In the other operation—spermectomy—the testes do neither, and there is no sexual desire, no sexual power, and no power to impregnate. This operation would come under my division of compulsory sterilization, and would apply to lunatics, epileptics, idiots, confirmed criminals and inebriates, habitual vagrants, and those mentioned in Table F. Either operation should be undertaken at as early an age as is possible.

No surgeon should be allowed to operate without the written permission of the Lunacy Commissioners, nor should any surgeons operate unless specially licensed by the Commissioners. A full annual report should be laid before Parliament. If any person operate without special authority and without the written consent of patients or guardian, or if any person use a sterilized person for unlawful purpose, or if any sterilized person marry or join in marriage any sterilized person to any non-sterilized person without first notifying the fact to the latter, then a penalty of 15 years' penal servitude should be imposed for each offence. At present, in England *all* surgical operations are legally an "assault," and so consent must usually be obtained.

I would here call attention to the experiments of Albers-Schonberg, which show that the action of the X-rays so alter the texture of the testes of rabbits and guinea pigs that, although these animals have sexual desire and sexual power, they have no power to impregnate. Such action would do away with the necessity of a surgical operation.

HAS MY PROPOSAL SECURED SUPPORT?

Dr. F. J. Smith (London) partly supports it. He suggests that where a woman becomes insane after confinement and kills her child she should be sterilized. But why wait until she kills her child? Also, that when insanity is due to alcohol or drugs, and the habitue commits a murder, such person should be sterilized. But, again, I ask, why wait until a sane person has been murdered, or until the degenerate has, perhaps, impregnated several other females? Dr. Barnardo—one who fully understood the degenerate side of life—wrote to me as follows:—"Some step will have to be taken in the near future if we are to protect the nation from large additions of the most enfeebled, vicious and degenerate type." He advocated enforced segregation, and sterilization for the few. Mr. Wells, author of "Man in the Making," said "It is in the sterilization of failures, and not in the selection of successes for breeding, that the possibility of improvement of the human stock lies." Dr. Lydson, of Chicago, in his work "Diseases of Society," strongly supports "asexualization." Dr. Barr, in his book "Mental Defectives," gives strong support. In 1905 the Legislature of the State of Pennsylvania adopted a bill legalising sterilization, but, unfortunately, the Governor refused to sign it. Dr. Craddock, Medical Superintendent of the County of Gloucester Asylums (England), in his last Annual Report, says "The sooner this day arrives (for legalising sterilization), the better for the welfare of the nation." It is encouraging further to state that many of those who gave evidence before the Royal Commission on the feeble-minded—now sitting in London, and to which I presented evidence—have supported this proposal to sterilize degenerates. Correspondence from Canada, America and Australia show me that many—who did not wish to take a place in the fighting line—are in favour of a well-guarded system of sterilization. In an old country like England

the pioneer thinker runs the grave risk of being denounced as a "crank," or a "disturber of the minds of the people." It is for this reason I have taken the opportunity of laying my proposal before the receptive minds of Canada and America. When I say that no less than ten—apparently respectable—firms refused to publish my monograph on the "Proposed Sterilization of Certain Degenerates,"* and severely lectured me for my audacity, you can understand in a small degree the risks run by advanced thinkers.

WHAT ARE THE ALTERNATIVES TO STERILIZATION?

The *first* is the usual one of *laissez faire*—leave things alone to right themselves: a degenerate proposal, the product of degenerate minds.

The second is the murder of degenerates. This is another degenerate proposal. I contend that every *human* being has the right to live: that the law, "Thou shalt do no murder," is still in force, and that we must not resort to the methods of the savage and of Sparta. I would ask, is there any practitioner so ill-begotten a cur as to take the job of a public murderer? God help our country if we make infanticide and murder a Christian law. To me, one of the saddest reflections upon our present Christianity, when I first wrote upon this subject, was the large number of persons who wrote to me suggesting the murder of degenerates. Murder by request will not solve the question of degeneracy.

The *third* alternative is, the supplying of degenerates with the means to prevent conception. Is it likely that lunatics, idiots, epileptics, confirmed criminals, habitual inebriates, and footpads would use such methods?

The *fourth* alternative is life-long incarceration. Such a plan would not effect a real cure, as, judging from existing conditions, many would be discharged as "cured" who were not cured. The Lunacy Commissioners always seem anxious to release the insane at the earliest possible moment. Their statistics relating to those who "recover" are a public laughing stock, and constitute a grave public scandal. Of 10,285 insane persons discharged as "recovered" from the London County Council Asylums no less than 2,646 had to be re-admitted

within twelve months of their alleged "recovery." Again, Parliament is not likely—and rightly, too—to provide for the life-long imprisonment of the high-grade degenerate and for mental defectives. With these, the risk of begetting degenerate offspring is frequently accomplished long before the physician can certify that the person is legally insane. My definition of a mental degenerate is—one that has the power of transmitting an *incurable* mental disease to the offspring. Further, few physicians, in putting forward life-long incarceration, seem to have studied the taxpayer. Table C shows that in one year only over 18,000,000 pounds were expended in the upkeep of degenerates in the United Kingdom, and, if *all* degenerates were imured, I have calculated 50,000,000 annually would be required. Such a sum would cause a public revolt of the already over-burdened taxpayers.

My proposal has been made with the view of also protecting the liberty of the degenerates. They have a right to live to enjoy life, and, if possible, to become useful workers. But they must be plainly told that they must not curse an offspring with insanity or degeneracy, or some foul mental stain. I plead on behalf of the unborn, of the infants and children of the future—"the coming race"—and against our present Christian custom of stamping the unoffending child with a mental defect that will prevent it from being a useful citizen. What right have we to ruin absolutely the children's chances in life? None whatever.

The *fifth* alternative to sterilization is the *encouraging of suicide*. The number of suicides and of attempts at suicide are, fortunately, on the increase, and, further, the attempted suicide is showing a greater tendency to murder his children before ending his or her own life. About 25 per cent. of those admitted into asylums in England have a strong suicidal desire. In the United Kingdom during 1902 there were 3,829 suicides. If this number has occurred during the last 20 years this would give a total of 76,580. But the statistics are grossly misleading, as they do not include attempted suicide, or the 6,205 who died from "drowning," (?) "poison," (?) "suffocation," (?) and "not certified" by physician or coroner. I would estimate the

number of suicides in the United Kingdom at 13,000 yearly. The total number, however, will never be known until we have compulsory notification to the Lunacy Commissioners of all suicides and attempted suicide. An increase of suicide cannot, however, be looked to as a means of eradicating degenerates; for if to-day every insane person suicided, and we refused to attack the causes of degeneracy, there would still be as great a number of degenerates as now existing.

The *sixth* alternative to sterilization is forced abortion. Criminal abortion is now very prevalent among Christian communities, and it would be dangerous to extend its scope. I regret to find that Clouston, in his work "Mental Diseases," recommends that abortion be resorted to when marked insanity comes on during pregnancy. This proposal to murder the child in the womb is a cowardly proposal, and is in keeping with the present British law of attacking the person least able to defend itself: the child. Moreover, the proposal would require to be carried out as often as the woman became pregnant and insane. Clouston's proposal, to be complete, should also include murdering all infants where the mother has become insane after confinement. My proposal is to kill neither the mothers nor the infants, but to make it impossible for the woman to conceive. I ask, which is the more humane proposal?

The *seventh* alternative is, making it illegal for anyone to marry until they produce a certificate of good mental and physical health. Although I have put forward this proposal as necessary, it would not meet the present conditions unless it were associated with sterilization. We must recollect that a great many infants are begotten and born out of wedlock. During the years 1892 to 1902, no less than 425,958 children were registered in England as illegitimate births.

The eighth, and last, alternative to sterilization is the plan adopted by some American States, where it is illegal for certain degenerates to marry or to be joined in marriage by a cleric or registrar. I have tried to find out if any convictions have taken place under these laws, and have failed to find any record. How could we? Is not the insane person free of punishment for his or her actions? The law of non-responsibility comes in and applies to lunatics, idiots, imbeciles, fee-

ble-minded, in fact, to all likely to beget degenerate offsprings, and if we refuse such persons marriage they will live in concubinage or prostitution.

It is, no doubt, an appalling and humiliating fact, as shown by the 1901 Census returns (see Tables D and E), that, on one day in the United Kingdom, there were 60,721 idiots, imbeciles and feeble-minded, and of the number 18,900 were married or widowed. Here we have—under clerical blessing—a veritable manufactory for degenerates. Would not even a breeder of pigs sneer at intelligent beings for permitting so gross and indecent a system? The same Census also shows that of 117,274 lunatics, 46,800 were married or widowed. Therefore, it appears proven that on one day we had 65,700 *married* and widowed idiots, imbeciles, feeble-minded and lunatics, all encouraged by us in fouling the stream of human happiness and in adding to the grand total of insanity, disease, remorse, pain and increased taxation. And yet we physicians wish to be looked upon as a class of educated men, working for the health and welfare of a nation.

We must recollect that it is not only the *married* degenerates who beget. Dr. Craddock has referred to the disgusting case where a half-idiot left the asylum to be married, and who gave birth to nine idiot children in a few years. Mr. Bagnall, Local Government Board Inspector, has called attention to a woeful state of affairs where, in Yorkshire, five unmarried and feeble-minded females had been confined of no less than fifteen children. And yet the Medical profession stands still, and foolishly cries "Crank" at anyone who attempts to rectify these disgusting conditions. I would seriously ask physicians to remember that the hand that *wrecks* the cradle *wrecks* the nation, and that it is their duty to call the attention of the public to present conditions.

To what goal will a policy of inaction and drift lead us? The legacy of degeneracy which has been handed down to us, and which we are wilfully preparing for the next generation, is too vast, too deep, and too far-reaching to be met by mere platitudes and mere palliations. Society has an insane fashion of stating that because it has large asylums and spent large sums of money upon degenerates, all that can

be done has been done. If we adopt the cowardly idea that the existing conditions are beyond our control, and that all that can be done has been done, we recognize that anyone who brings forward a new proposal deserves an attentive and honest hearing. Fortunately, surgery comes to our aid. At present the *diseased* ovaries, tubes, uteri, and testes are removed when these organs are diseased. Last year over 2,000 women were so sterilized in the hospitals of the United Kingdom. No one objects. Next, surgery has taken a second step forward by removing healthy ovaries because some neighbouring organ is diseased, because of deformed pelvis, cæsaean section, ovarian hernia, mollities osseum, and enlarged prostate. Here again, no one objects. I now ask that surgery take a third and chief step forward, and that, as we agree to operate for physical diseases, we shall agree to perform a trivial operation which will tend to greatly lessen and prevent mental degeneracy. Breeding from degenerates must fail. It is Carlyle who cheers all pioneers of thought by saying "The strong thing is the just thing."

For the above and many other reasons I would earnestly ask all sociologists, and all those engaged in the care and prevention of mental degeneracy, to give a patient consideration to the proposal now laid before you.

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GASTROMESENTERIC ILEUS.

John M. T. Finney believes that acute dilatation of the stomach and gastromesenteric ileus can not be differentiated clinically; that obstruction to the lumen of the duodenum by the root of the mesentery and the contained superior mesenteric vessels, has been demonstrated, and is probably of more frequent occurrence than has been supposed; that whether this is primary or secondary to the gastric dilatation, or whether this relationship is a constant one, has not been determined; that the diagnosis would appear to be more easy than past failures seem to indicate; that the use of the stomach tube and avoidance of dorsal decubitus offer better results probably than secondary operation, owing to the unsatisfactory conditions existing; that with earlier diagnosis and the early institution of the measures suggested, a reduction of the present high mortality rate can be expected.--
Boston Med. and Surgical Journal.

Selected Articles.

MODERN CIVILIZATION AS A FACTOR IN CAUSING DISEASES OF WOMEN.

By N. H. Kassabian, A. B., M. D.,

Coopersville, Mich.

A woman, physically perfect, is certainly a unique creature in modern times. Our civilization has contributed very extensively to the causation of female maladies which we are so frequently called upon to treat. Our modes of living and dressing exert a very deleterious influence upon the normal functions of the pelvic organs, not to mention the hepatic compressions and subsequent displacements resulting as a natural consequence of tight-lacing practiced by the most humble devotees of the temple of fashion. We are a very progressive race, taking herculean steps towards a higher civilization; but it is a deplorable fact that the more we learn the more we ignore the most fundamental laws of hygiene. The immediate effects of tight-lacing are that abdominal and spinal muscles are seldom brought into play, so they become atrophied. The viscera are thus compressed and displaced, and the full play of the abdominal wall and the descent of the diaphragm are interfered with and the venous blood is hindered in its return to the heart. This obstruction of the circulation and the constipation from which women habitually suffer lead to a permanent dilatation of the pelvic veins, a fruitful source of diseases of the genital organs. And again, customs demand the protection by veil and gloves from the rays of the sun, and the woman becomes as bleached as a well-cultivated celery stalk. As the blood needs the direct chemical effect of the sun-light on the skin an anemia is established. This state of the blood is a potent factor in the generation of all the diseases depending on impaired nutrition and entails conditions likely to baffle all medical efforts at their removal during the menstrual life of the woman.

Before the altar of fashion and so-called society our girls while entering to puberty, have to comply with the dictates of the times and

at the period of life when the young girl's whole nerve force is taxed for the full development of her organs of generation this force is deflected by hard study, and it may be for the acquirement of some accomplishment which, in all probability, will be forgotten or laid aside after marriage. She is subjected to the emotional influences of music and light literature, which are capable of arresting the normal development of the uterus and its accessory organs.

During my travels in the Orient I have been very much surprised to see, specially among races who do not comply with the trivial demands of modern civilization as their sisters do in Occidental countries, young ladies grown to womanhood and into maturity experiencing no menstrual irregularities whatever, giving birth to children with normal labor, and through all their maternal life they do not seem to have any especial need to consult a physican. I do not dare, still I take liberty to state that modern civilization and society have immensely contributed to the creation of gynecology, and the majority of patients who make a daily pilgrimage to a gynecologist's office are the poor and pitiable victims of a misdirected and misinterpreted civilization.

There are few maladies which we are called upon to prescribe for as much as for menstrual disorders. A thorough examination with a view of ascertaining, if possible, any malposition of the genital organs should be insisted upon. The least abnormality should have proper attention and local as well as constitutional treatment. Anemia and chlorosis should have their attention, as they almost invariably play a conspicuous part in causing menstrual irregularities. In the form of Erogoapiol (Smith), I believe we possess a remedial agent that combines the most effective ingredients with which we can combat the majority of menstrual irregularities.

Clinical observations with this preparation are as follows:

Case No. 1. Miss A. B. Age 16. Parents both living and in excellent health. She has not had any serious sickness, although on account of there being a tubercular diathesis in the family the least abnormality in the functions of any of the organs is looked upon with suspicion and at once the advice of the family physician is sought. So when Mrs. A. B. noticed that her daughter had an irregular men-

struation accompanied with dysmenorrhea she consulted me in her daughter's behalf. I prescribed for her Ergoapiol (Smith) capsules, directing her to give one three to four times a day with milk for three or four days before the expected menstrual period. They complied with my directions very faithfully, and after a few weeks they reported that her menstrual disorders had been satisfactorily regulated.

Case No. 2. Mrs. B. Age 38. Has two children. Mother died from the result of an operation for appendicitis. Father living and in good health. Patient has been anemic for many years, her hæmoglobin test showing only 40 per cent. Has at present prolapse uteri to a slight degree, some perineal laceration and endometritis. Digestion is at fault part of the time, bowels constipated, ringing and buzzing in the head. Menstruates every three weeks. During the first day of the period it is very painful and she flows very profusely, its duration being from a week to ten days. I prescribed for her Ergoapiol (Smith) capsules, one three to four times a day, a day or two before the expected menstrual period, to be continued until menses appears, then to discontinue the capsules for three days, and recontinue, commencing on the third or fourth day. The therapeutic action of the remedy was all that could be expected. The dysmenorrhea, which was always a conspicuous feature, seemed to yield after the administration of the first few capsules. She menstruated quite easily and the duration was very moderate.

Case No. 3. Mrs. ——. Age 38. Has two children, youngest ten years of age. Lacerated perineum and cervix with its sequelæ, i. e., endometritis, leucorrhœa, bearing-down pains in front and in the back, Uterus extraordinarily heavy and patulous. Lack of tonicity in the uterine muscles and ligaments. I curetted her, expecting some benefit from the procedure. Uterus was packed with iodoform gauze which was removed next day; but a hemorrhage still persisted for a few days, as it seemed to be due to a deficiency of contractibility of the uterine muscles. I prescribed 2 grs. of sulph. quinine in connection with Ergoapiol (Smith) capsules, one three to four times a day, preferably taken with some milk. The remedies had the desired therapeutic ac-

tion, checking the uterine hemorrhage by increasing the tone of the muscles at the same time controlling the blood vessels supplying the endometrium.

Case No. 4. Mrs. ———. Age 39. Two children, youngest eight years old. A sufferer from digestive disorders, anemia, and of late, while approaching menopause, she has been having considerable difficulty with her menstruations. At times very profuse and exceedingly painful and again very scant and period prolonged. Having tried a number of preparations without any appreciable benefit to her, decided to use Ergoapiol (Smith). She was directed to use a capsule three to four times a day, commencing to or three days before the expected menstrual period. After using this preparation for a little while she reported that she "had not suffered any pain or inconvenience since she began taking those capsules."

Case No. V. Mrs. ———. Age 39 Two children, youngest 12 years of age. An exceedingly anemic patient, hæmoglobin tests showing 55 per cent. Had a miscarriage recently, and after the uterus was free from any of the products of gestation she continued having a profuse hemorrhage in spite of the intra-uterine douches and packing I used every day. Finally having concluded that this hemorrhage was due to atonic condition of the uterus, I ordered for her Ergoapiol (Smith), one capsule, to be taken from three to four times a day. Her hemorrhage decidedly ceased in course of 48 hours and she made a very gratifying recovery.

Case No. 6. Mrs. ———. Age 38. Married 18 years, four children, youngest four years old. During her menstruation she flows so profusely that she is frightened of a fatal termination. I prescribed for her Ergoapiol (Smith) capsules, instructing her to take one after appearances of menstruation, three to four times a day for two or three days until the menstrual flow was controlled. During her subsequent visits to my office I was very much pleased to learn that she has had no trouble to speak of with her menstrual periods while taking the capsules that I prescribed for her.

THE TREATMENT OF SOME OF THE COMMON FORMS OF SKIN DISEASES.*

*R. G. Henderson, M. D.,**Memphis.*

The errors in diagnosis in the practice of skin diseases are always considered excusable in the general practitioner because it is known that the highest and best skill of the physician or surgeon is here of no avail. Text-books, of course, touch upon these affections, but one's first experience teaches him that clinical experience is what actually counts here; not a week's work nor yet months, but the years of contact with cases of this kind that fit him to be a judge of the nature of a skin affection.

The general practitioner makes not nearly so great a mistake in what he uses on these cases as how he uses it and in the strength. The one great symptom in the minor diseases of the skin is itching, a sensation just a little short of pain; exclusion of the atmosphere and the avoidance of water, both irritants, will sometimes in the simpler affections work wonders. The greatest fault, however, that the physician is guilty of, is in using preparation too strong, that instead of relieving the itching will not exactly hurt, but will produce a sensation just short of it which is an accentuated itch, a nice example of which is the itching produced by sulphur ointment prescribed for scabies.

That all skin affections will ultimately be reduced to a germ basis of causation there is little doubt, and when that is done there is also little doubt that our two best antiseptics, sulphur and mercury, will be even more popular than they are today, but will be used with the same discrimination that is displayed when the same drugs are used internally today.

Impetigo contagiosa, one of the commonest skin troubles, is curable with a 2 per cent, ammoniated mercury ointment, but is accentuated by the officinal ointment. In hospital practice the question often arises as to an affection being erysipelas. It is most frequently an erythematous eczema, from which erysipelas is differentiated by its

*Read before Memphis and Shelby County Medical Society, July, 3, 1906.

brawny feel, its well-defined border and the persistent temperature, yet these cases are often treated as the so-called cases of recurrent erysipelas; they are usually found upon the face, and if found upon an elderly lady it would be just as well to interdict hair dyes and cosmetics generally. For an ultimate cure of such a case, however, it would be well to treat the scalp, which ninety-nine times out of a hundred will be found infected with a seborrheic dermatitis, the cause of the numerous patented hair restorers, but which is quickly amenable to a prescription containing resorcin.

Relative to the mode of application of any prescribed medicament, one must remember that water and air are the two greatest irritants, presuming of course that the salve prescribed is not too strong. It has been found that a slave spread thickly upon the fuzzy side of Canton flannel serves best.

Possibly the next commonest skin disease is *acne*, for which the general practitioner himself is largely responsible. It indicates a depraved condition of some organ; and it is true that it is most common at the period of adolescence, the one period particularly in a young girl's life where the supervision of the family physician is most needed. There is possibly no disease of the skin more amenable to a regular diet and a regular mode of life than *acne vulgaris*, nor one where the two are more needed. Occurring as it does at a time of life when the constitution generally is undergoing a radical change, there is less likelihood of the production of scars than one might imagine. The treatment of this trouble is essentially the improvement of the general condition, the minor amount of work to the offending trouble. Zinc sulphate and resorcin are here again our mainstays, one for its astringent effect, and the other as a specific in seborrheic dermatitis, which always figures within a measure in these cases.

The mechanical treatment of these cases is not merely an aid, but a necessity, the scarring in untreated cases being tenfold greater than in those judiciously treated with a knife.

Urticaria or nettle-rash needs no further comment from me than to state the same causes that irritate it or provoke it will keep up an *acne vulgaris*.

Angioneurotic edema is so closely allied with urticaria that its one point of difference, namely, the immense swelling of one part, need only be called to your attention for differentiation so that you will all recognize it; it is really very common in our country of desserts seven days in the week and a multitude of fried foods; its diagnosis may lie with the specialist, its cure with the family physician.

Ringworm of the scalp, as common as it is, offers one of the prettiest examples of the dependence of one's ability to secure a cure in skin disease upon a good constitution. I have seen a simple case of ringworm in a child of lowered vitality last for three years under the most skillful attention.

Some of my friends have called me in to see cases of lupus vulgaris, some of which they recognized, but most commonly called syphilis, relying as they erroneously do upon private history, the main points of differentiation being the occurrence in lupus of the so-called apple jelly nodules which occur not only in the newly invaded tissue, but always in the scar. Syphilis has none of these.

Sycosis non-parasitica is not at all uncommon. And its common name, "barber's itch," is frequently given to an impetiginous affection. Its treatment lies in epilation and the application of a soothing ointment, which is very counter to the ordinary conduct of such a case, antiseptics being ordinarily used and always provoking the trouble.

In lecturing upon scabies Dr. Fox, of New York, was in the habit of stating that sulphur ointment is a specific in such cases. During the past few years we have had a form of scabies that does not seem to be amenable to this treatment, but which naphthol works upon most beautifully.

In the treatment of psoriasis we recognize chrysophanic acid and pyrogallol as being the nearest we have to a specific, and the treatment most commonly in use by the specialist and the general practitioner does not recognize in the use of these two powerful remedies, and that is the possible production of a dermatitis exfoliativa.—*Memphis Med. Monthly.*

THE MATERNAL IMPRESSION SUPERSTITION AND WHY IT SURVIVES.

By Edwin Taylor Shelly, M. D.,

Atchison, Kansas.

That the nervous and mental organization of the mother may influence the nutritional development of the fetus cannot be questioned—it may even at times interrupt gestation; but the doctrine of maternal impressions implies that a perfect similarity exists between the thing producing the impression and the mark or deformity produced.

The distribution of this superstition is world-wide, as unmistakable indications of its existence abound in such far apart regions as India, China, South America, Lapland, Western Asia, East Africa, and—Philadelphia; and its antiquity is as great as its distribution is extensive. The theory at first probably existed only to explain the difference of color between the young of man and of animal; later it was used to explain the appearance of *nævi*; still later all fetal malformations were accounted for by this theory.

Prior to the fifteenth century maternal impressions seem to have been most frequently those of admiration; seldom of fear or disgust. The first allusion to the effect of pictures and statues upon pregnant women was made, therefore, not in Boston, but in ancient Greece. The law of Lycurgus even compelled Spartan wives to look upon the representations of the strong and the beautiful; but during the fifteenth, sixteenth, and seventeenth centuries the belief that maternal impressions also caused fetal defects and monstrosities became universally prevalent. During that time no one ventured to dispute either aspect of the theory; but in 1727 Blondel, of England, wrote a volume in which he challenged the theory so vigourously and intelligently that he produced the profoundest impression upon medical opinion, not only in England, but throughout all Europe, so profound, indeed, that works in a similar strain appeared in Scotland, France, Germany, Russia, and Italy.

During the nineteenth century an enormous amount of literature on the subject of maternal impressions appeared, displaying all degrees of

belief in its efficacy. Nearly all teratologists the world over were against the theory, while medical men in general were more evenly divided in their opinions. For some unaccountable reason nearly all American writers, except teratologists, accepted the doctrine. Ballantyne, in his recent superb work on Antenatal Pathology and Hygiene, declares that, from 1837, the year the "snake man" appeared, until 1900, one hundred and seventy papers dealing with the maternal impression theory were published in American journals, and that among its supports were such eminent men as Fordyce Baker, Samuel C. Busey, Wm. Godell, Matthew D. Mann, R. A. F. Penrose, and A. F. King.

Is it not a curious psychologic phenomenon that men who know enough to write lucid, scientific chapters on the development of the embryo and fetus can defend and disseminate the ridiculous maternal impression superstition. And yet we know they do. In fact, not a single American text-book on obstetrics issued during the past five years and intended for medical students and physicians combats this theory, but, on the contrary, it is upheld in all of them, with one or two exceptions in which the subject is not mentioned at all.

In the American Text-book of Obstetrics (1903 edition) Prof. Edward P. Davis, of Philadelphia, says: "There is certainly more than mere coincidence in the fact of fright and shock and the subsequent malformation or marking of the fetus. The well-known 'elephant man' of England and the 'turtle man' exhibited in the United States, with other instances, are familiar evidences of this anomaly."

In the same work, Dr. R. C. Norris, of Philadelphia, declares: "A close study is convincing that there exists between the nervous system of the mother and the growing mental and physical organization of the fetus an unknown influence which, in rare instances, does result in marking and malformation of the child."

Dr. Wm. A. N. Dorland, of Philadelphia, in his Obstetric Text-book, winks at the subject in the following manner: "Unpleasant and painful scenes or impressions should be avoided, so that the possibility of some so-called maternal impressions may be avoided."

Prof. Barton Cooke Hirst, of Philadelphia, in the latest edition of

his Text-book of Obstetrics, says: "Maternal impressions may affect the embryo or fetus. . . . There are well-authenticated cases of congenital defects or peculiarities which bear too startling a resemblance to the cause of the impression upon the mother during pregnancy to be dismissed as mere coincidences. One of my patients, less than six weeks pregnant, was, upon one occasion, seized by the ear and dragged about the room by her enraged husband. The child born at term had a triangular piece lacking from the lobe of the corresponding ear. . . . Profound impressions upon the mother certainly influence the psychical development of the offspring. . . . The horror of King James at the sight of a naked sword may well have had its origin in the murder of Rizzo before the eyes of the pregnant Queen Mary."

But Philadelphia does not contain all the maternal impressionists among "The Wise Men of the East."

Prof. J. Clifton Edgar, of New York, in his Practice of Obstetrics, asserts: "Instances pointing to the connection between, or dependence of, congenital deformities, both physical and mental, upon maternal impressions, are too numerous to be completely dismissed as coincidences."

Prof. Charles Jewett, of Brooklyn, in his Practice of Obstetrics by American authors, avers that "there is no doubt that the mental state (of the expectant mother) may be the cause of modification in the physical, the intellectual, and the moral characteristics of her offspring."

In spite of these simple professions of faith in the impressionist creed found in modern obstetric text-books, it would be very rash to assume that the ostensible authors of these books do not "know better." That these text-books are gotten up largely by hack compilers seems to be very strongly indicated by the fact that one of the above quotations—and not by any means the least Sairy Gampish one of the lot—is thoroughly discredited by an excellent article in Appleton's Universal Cyclopedia and Atlas, over the signature of Barton Cooke Hirst, in which he refers to the maternal impression theory as a "superstition," as an "absurd explanation of a former age," and as an "irration-

al attempt to explain the anomalies of organization which occur in man."

To the credit of Dr. DeLee, of Chicago, and Dr. Joseph Brown Cooke, of New York, each of whom is the author of an obstetric text-book for nurses, let it be said that they completely repudiate this doctrine, Dr. Cooke's chapter on the subject being particularly clear and adequate. Unfortunately, however, very few medical men or medical students ever see a text-book for nurses, and we are therefore confronted with the dismal prospect that the medical profession will probably continue to get its information on this popular medical superstition from the old granny twaddle on the subject found in its own obstetric textbooks.

The purpose of this paper does not require that it supply an explanation of why or how monsters develop, but it is important to know that modern teratologists have found that there is not a single malformation known to the human species that has not a corresponding malformation in the lower animals, both wild and domesticated. Malformations also occur among birds, reptiles, and fishes, and even in crustaceans and insects. Analogous malformations also occur in the vegetable kingdom, where single and double monsters abound, developments which result from arrested, defective, or excessive formative energy—and which even professors of obstetrics might hesitate to ascribe to the influence of maternal impressions.

The *post hoc ergo propter hoc* argument, of which the empiricist is so fond, must seem overwhelmingly indubitable and conclusive to the maternal impressionist mind. Given a case of violent shock or emotion in a pregnant woman, followed at birth by a fetal mark or deformity resembling the cause of the maternal shock, and, to the impressionist, the easiest explanation for the unwelcome occurrence appears to be the unpleasant maternal impression. The fact that this coincidence happens so rarely that the expected mark or deformity fails to appear at all in nine hundred and ninety-nine cases out of a thousand, in spite of the previous occurrence of the most profound maternal shocks or emotions seems not to appeal very forcibly to him, and he must per-

force enter the regions of the absurd in search of a theory to explain the coincidence.

Another thing that appears to escape the impressionist is the fact that very often, when the fetal deformity does occur, the mother cannot recall any shock or incident to which she can reasonably attribute the malformation. Blondel* said, nearly two hundred years ago, that "there are so many odds against the imagination theory that the cases related in its favor can never overbalance those which are against it," and that "they may be compared to an accidental hit of a dream, or the predictions of a fortune-teller, which now and then are accomplished." And these words are as true now as they were in 1727.

If deformities in the fetus are due to maternal impressions, what kind of an impression does it take to produce congenital malformation of the heart, kidneys, intestinal canal, or the abnormal distribution of blood-vessels?

If maternal impressions were one-tenth as potential as it is claimed they are, creatures in human form sufficiently depraved would long ago have established monstrosity "farms" for the purpose of supplying the side-shows and dime museums of the world with human freaks.

The prevalence today among medical men of the belief in this example of mummified folk-lore is, for several reasons, a serious reproach to our profession. In the first place, if most medical men can, in spite of all scientific opinion to the contrary, be satisfied with such a flimsy explanation for the occurrence of unusual natural phenomena as this theory supplies, the profession can hardly claim to possess very much of the scientific spirit with which we flatter ourselves it is so thoroughly imbued.

A second reason why the prevalence of this belief is a reproach to the profession lies in the fact that it retards the development of antenatal pathology. Many an instructive case which should receive intelligent teratological investigation, simply affords the means for idle curiosity concerning the kind of mental processes which would result in such fetal accident, or it becomes lost to science because the reporter sees nothing in it beyond a resemblance to a rat or dog, or frog or snake, or some fruit or vegetable.

A third, and the chief, reason why physicians should consider it a stigma on the profession to harbor this ridiculous belief lies in the fact that its prevalence among them tends to fill many an expectant mother with the dread that she may, by something which she may inadvertently see, or hear, or feel, or desire, mark her unborn child. Of course, when impressionism leads the expectant mother only to indulge, to a greater extent than usual, her taste for music, books, or works of art, the belief is nothing more than a harmless, introspective fad; but because of the fact that too often her days and nights are filled with marks and monsters, the time has surely come to enter fervent protest against this crass belief—this hideous, lingering apparition of a starless night when Science slept.—Reprint from the *Interstate Medical Journal*.

THE SIGNIFICANCE OF ALBUMINURIA FROM THE INSURANCE STANDPOINT.

By George H. Pierce, M. D.

There is no question concerned in the physical examination of an applicant for life insurance so perplexing to the medical examiner as the one which asks, what a persistent slight cloudiness in a specimen of urine may signify in the test tube; and what importance may be attached to the acceptance of the individual in whom it is found, as an insurance risk. The question is more complex than determining a probable prognosis in a medical or surgical case. Many of you are familiar with the methods of life insurance work and understand what I mean. The agent does not understand that the trace of albumen so often found, and so often associated with low specific gravity, may indicate one of the most insidious of renal diseases—interstitial nephritis—and when the examiner does not recommend the case, his feelings toward the latter are often not the pleasantest, and it may be the last case that agent will ask him to examine. You notice that I have at the outset coupled the agent with the examiner. This must necessarily be so; for from the character of the work, the two are inseparable as far as the case is concerned; and this is one of the reasons which gives the medical part of the investigation the atmosphere of

insurance. One cannot comprehend this unless he has had experience. The insurance agent soon becomes, to a certain extent, familiar with the methods of examination and knows what certain signs mean; and he also knows the conditions which invariably reject; but certain slight signs like the one I have mentioned or a slight heart murmur he cannot understand as indicating more than a slight ailment and the consequence is that he is often dissatisfied. The company on the other hand, while it is anxious for average good cases, prefers to take the benefit of any doubt; and so demands that all findings shall be reported by the examiner to the medical director and that he shall decide as to their importance. I will not enter into a discussion here as to what shall and shall not be reported on the examining blank. It is assumed that the examiner will use good judgment in reporting the history of the applicant's previous and present ailments; and that everything which may have a reasonable bearing on the case shall be noted. Experienced insurance men will tell you that the reports of histories are not always satisfactory to them. In this there is one of the commonest fields for fault-finding; for the information which the examiner knows should be reported to the company, the agent too often criticizes for being reported. I have mentioned these facts in an introductory way to show the connecting link between the medical and the agent's side of the case, and in its application to the question under discussion, the insurance aspect is profoundly *sui generis*. While practical life insurance is conducted on mathematical principles which have proved themselves to be sound; while the enormous growth in assets and surplus has been continuously on the increase; and while it is logical to assume that the progressively increased care in medical selection of risks has to some extent been the means of this growth—there will from time to time crop out an expression: that not only urinalysis is unnecessary, but that if e. g., 100 men who might chance to come along the street were given policies without examination the mortality would keep at an average. Be this as it may, the history of the phenomenal growth in this line of enterprise seems to prove that the methods employed in the selection of risks have been wise methods. To accept risks without medical examination would be to go

back to the earliest methods of writing life insurance; and it would be especially hazardous today, because of the large number of known to be unsound risks, who would rush into the companies. Previous to 1762, when the Equitable of London was founded, no medical examinations were required. The boards of directors simply looked wise, sized up the applicants, and if they thought that their pedigrees were favorable to a satisfactory longevity, to the extent that in years to come the company could in all probability make a creditable contribution to political campaign funds, they were accepted. The agents stood a much better chance in those days, and the applicant too. But something told those far-sighted and honest old directors that "death comes a-knocking at the door" a little too often; and so some kind friend of the medical profession suggested to the Equitable, that a few of the companies dollars be turned into the pockets of the doctors; and that as a *quid pro quo*, the doctors would do what they could to keep out undesirable risks. Up to this time the complaint of albuminuria had not become universal, chronic, or pathetic; and the doctors presumably forgot that the applicants even had kidneys. Although a physical examination was made in other respects, no urinalysis was made. But finally they saw that there was danger of the graft fund becoming impaired, (not the Equitable), and so they instituted an examination of the urine. The Equitable then (Equitable of London in 1762), instituted the first urinalysis in life insurance examinations. Here began the bane of the life insurance agent's existence. Test-tubes, nitric acid, alcohol lamps, filter paper, litmus paper, urinometers and microscopes, were brought into service. When they found albumen nobody seemed to know what it all signified and some think that we do not know much more about it today. They say that after applying the cold nitric acid, and heat, tests; and screwing the microscope up and down, about all we can find is a symptom of something the importance of which we cannot explain. This from the agent's standpoint. But from the company's standpoint albumen was albumen and casts were casts; something not normal; the indication of disease; a "red flag and sign of danger;" and was cause enough to reject. All companies rejected albumen cases. The quantity of albumen did not enter into the case;

the age of the individual was not considered; all albuminuria cases were rejected. This ruling was in vogue in all American companies up to within a few years ago. Finally, some of the companies began to be more liberal (in many ways) and whether to increase the volume of business; or from a mere philanthropic standpoint, to extend insurance to more of the "common people," certain companies conceived the idea of insuring applicants for what they are worth physically; and commenced to issue the lien policies. One of the giant companies will, so I am informed, insure anything from locomotor ataxia up; provided, enough premium is paid to cover the risk. And this is the principle into which life insurance is broadening today, and it devolves upon the actuaries and the medical men to fix the standard—the presidents and directors can fix the rest. It would seemingly be interesting to have an actuary describe the methods by which the rates are worked out; but it is so intricate a problem that none of us would be the wiser if we listened to the scheme. I suppose the question which the society wished to be discussed here this evening, is not what significance the presence of albuminuria may have upon longevity—for that is a medical problem—but the question as to how an insurance company regards the presence of albumen in a given case in its bearing upon the rate of premium at which they could safely assume that risk. Practically the premise are the same in both up to a certain point. From the insurance standpoint it is the same as the other, viz.: trying to determine how long an individual will live plus the additional problem of fixing a rate so that the premature deaths from albuminuric conditions shall not impare the general mortality figures. The conclusions may be summarized something like this: The majority of companies will not accept cases of persistent albuminuria under any circumstances. They will make repeated examinations of the urine, and if it can be proved that the condition at the time of examination was a temporary one they will issue the policy provided albumen does not appear in the other tests. Other companies have in recent years been writing policies upon lives which contain albumen; but at an advanced rate of premium. There are two propositions pertinent to the question

of the relationship of albumen to life insurance. One—What constitutes albuminuria? e. g., What do the various opacities which we daily find while making the tests for albumen signify—what are they? Are they serum albumen or some of the other precipitates which have been mentioned by the former speakers, viz., nucleo-albumen, mucin, oxalate of lime—are these various precipitates of vital importance from the insurance standpoint? And two—Will insurance companies write policies on the lives of applicants who have these opacities in the urine? Taking up the first proposition, as to what do the various opacities which we find signify: When an insurance company asks the question, Is albumen present in the specimen? it would seem at first to any medical man to be a very simple question; but as you have heard discussed in the other papers, there is room for doubt many times when the opacity is a slight one. In a business where a report of the finding of the examiner for one company is considered absolute, and not only of that company, but where the report is, if unfavorable, sent to all the other old line insurance companies; it is unfortunate that there is no standard test. Some companies simply ask if albumen is present; one company asks upon its blank the question: What do you find upon boiling after adding acetic acid? Another company gives the instruction as to how to apply Heller's cold nitric acid test. Now, there are many tests for albumen, and some are very delicate in producing a slight cloud. They will surely cause albumen to appear if it is present, but I believe they will often cause other clouds, and if the decision of one company, as to the presence or absence of albumen, is to rest upon the presence or absence of this slight cloud which only the finer tests will show, they should be the standard tests for all companies. Of the finer tests, I refer to those containing acetic acid. On the other hand, if some old line companies with excellent records adhere to the nitric acid tests, it would be more uniform if all would use the same. It has been shown that there are imperfect proteid oxidation products and disturbances of tissue metabolism apart from organic changes, which give evidence of their presence in the urine; and it seems reasonable to me that some of these opacities which the finer tests for albumen give, are due to these products, and not to

serum albumen. On the other hand, it may be that these products are the forerunners of organic changes and are of importance. Prof. William H. Porter has recently shown that indican and uric acid in an amount that is in excess of the normal quantity, and oxalic acid as expressed by the oxalates, are danger signals in the urine. For this reason it would seem that it would be wise to recognize their danger in considering insurance risks. But here the principle of life insurance which provides for all contingencies through the law of average, has proven that it is not necessary to make the investigations more searching. The insurance field is something like that of religion. Its statistics are based upon risks selected from all parts of the world; and the medical examinations are made according to the methods of myriads of examiners, each following his own method; and the outcome of the selection has been that the companies are growing immeasurably larger year by year, so that does not seem as if the medical examination required to be ultra critical.

Proposition Two—Can insurance companies safely write policies on the lives of applicants whose urine contains albumen? Life insurance is probably the largest financial business in the world from the standpoint of money and the people whom it affects. The number of rejections by the companies on account of albuminuria is greater than the rejections from any other cause. This paper is not a plea for a remedy for these rejections; the watchword of life insurance is safety, and the methods change slowly; the medical and actuarial decisions are based respectively upon history and mathematics. The same causes of disease exist to-day that existed when life insurance commenced to be written. Progress has consisted in finding causes. There has, however, been in recent years a tendency in life insurance toward broadening and liberality in writing policies. The English companies always wrote lien policies; it is new for American companies to do so; but one after another they are falling into line, in this respect, viz., in insuring man for what he is worth physically, by fixing the rate of premium to suit the case; and as to answer to our question as to whether insurance companies can or will write policies on applicants who give or have previously given a history of albuminuria, I will state that

some companies do issue policies in these cases on special forms and at special rates. The reasons for doing so are based upon the following views held by the medical profession: There are conditions of albuminuria which are due to organic changes; on the other hand, albuminuria may exist from functional causes. Such causes are the eruptive fevers, especially scarlet fever; the various infections, emotional and neurotic disturbances; cold bathing, violent exercise, excessive amount of nitrogenous food, dyspepsia, cyclic albuminuria (occurring on different days or portions of days), the albuminuria of adolescence, paroxysmal albuminuria, etc. I have known the drinking of champagne to produce sudden but temporary albuminuria. "A large proportion of these cases get well," says Dr. Osler, "after the condition has persisted for a variable time. This is evidence that the change was transient or slight. On the other hand, in many of the diatheses the disturbed metabolism produces high tension in the arteries (probably as a direct consequence of interference with the capillary circulation); and ultimately degeneration in various tissues, particularly the scleroses."

I quote further conclusions from Dr. Osler: "In the interests of the company, we should reject all cases in which albumen occurs in the urine, in the young and old." (This as Prof. Charles Lyman Greene states, applies only to ordinary life cases.)

"With reference to the significance of albuminuria in adults I quite agree with the conclusions of F. C. Shattuck (say Dr. Osler):

"(1) Renal albuminuria, as proved by the presence of both albumen and casts, is much more common in adults, quite apart from Bright's disease or any obvious source of renal irritation, than is generally supposed.

"(2) The frequency increases steadily and progressively with advancing age.

"(3) This increase with age suggests the explanation, that the albuminuria is often an indication of senile degeneration.

"Though it cannot be regarded yet as absolutely proved, it is highly probable that faint traces of albumen and hyaline and finely granular casts of small diameter are often, especially in those past fifty years of

age, of little or no practical importance. The uric acid diathesis may lead to gout, with uric acid deposits in the joints, acute inflammations and arterial and renal disease. The disturbed metabolism produces changes in the capillaries and capillary circulation, bringing on arterio-capillary fibrosis, and its consequent chronic interstitial nephritis.

"An occasional trace of albumen in men over forty, with or without a few hyaline casts, and with increased tension and thickened blood-vessels, usually indicates changes in the kidneys.

"The persistence of a slight amount of albumen in young men without increased arterial tension is less serious, as when even continuing for years, it may disappear.

"In chronic interstitial nephritis albumen is often absent or transient—even when the disease is well developed."

"After the fortieth year, from the standpoint of life insurance, the state of the arteries is far more important than the condition of the urine."

In conclusion we may state that medical selection in life insurance as it is written to day is in accordance with twentieth century, conservative progress. The idea of accepting only average good risks, as adopted by the first American companies, is still adhered to by the majority of old line companies. But one by one, through the knowledge gained by statistics, covering a period of more than half a century, and by the aid of actuarial computations based upon careful medical examinations and advice; companies are commencing to issue policies on substandard lives, by fixing special premiums; and it is by this process that applicants with albuminuria are able to be accepted, after repeated chemical and microscopical examinations of the urine have been made to afford sufficient knowledge of the cases.

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Fads.

We are a people of fads, and we make and unmake our heroes with recurring regularity—and this tendency is exhibited in the medical world by the avidity with which we seize upon and exploit some new drug, new disease or uncommon operation. We must be progressive and by progressive we too frequently mean that we want to try some thing new. Let us take cognizance of this fact. For if there is any profession in which one should be slow in being led away it is our profession. Take for instance the question of medicaments: Our

present materia medicas are reasonably full in all conscience, seeing that there are hundreds of drugs whose physiological action and therapeutic effects are given. In fact there are hundreds of drugs in which we must shamefully confess that our knowledge goes little further than their name—and this may prove true for the most of us.

Therefore if we wish for experimentation or something new, why not trying something, to be paradoxical, a little known?

There are many things that we can personally learn about the best known drugs; there may be things quite unsuspected that we may discover.

For after all, ours is the actual field of battle where things are finally proved useful or superfluous. The final tests we must apply for we deal with the usual sick bed under the usual conditions.

We are arguing for a more personal and complete knowledge of those drugs whose action is not wholly experimental; and on the same principle we might easily give little attention to new diseases until our treatment of pneumonia, typhoid fever and many other familiar friends has reached a little nearer perfection than at present. And the surgeon might reasonably perfect a few well known simple operations, such as perineal repair or operation for Hemorrhoids, before consuming so much time and thought in extending his field.

Trypsin in the Treatment of Cancer.

Announcement has again been made of the discovery of a cure for cancer. In the August issue of McClure's magazine, C. W. Saleeby, M. D., F. A. S., of Edinburgh, describes the "miraculous" manner in which the trypsin treatment inhibits the growth of or destroys the cells of cancerous tumors. According to the above mentioned writer trypsin, when injected into two mice that had been previously inoculated with cancer, gave most wonderfully beneficial results. He further states that when trypsin was administered in man the benefit accruing was "miraculous."

The medical profession and the human race at large will await the results of the experiments now being made with the keenest anxiety. Should it be satisfactorily demonstrated that trypsin can do what is

claimed for it humanity will have cause for the deepest and most heartfelt thankfulness, and the discoverer of the cure will stand as one of the greatest benefactors of the race.

We cannot however at this time attach much weight to the theory or to the claims of Saleeby. The announcement was made in a manner that to thoughtful medical men will bear, to say the least, a taint of sensationalism. The experiments have not as yet gone far enough to justify any decided predictions as to their ultimate success. The cases reported have by no means made sufficient progress to justify the claim that they are cured. Hence until more numerous cases of improvement are reported, and those cases present more decided evidences of cure, we cannot but maintain a position of polite skepticism.

PURPOSE.

Live for something, have a purpose,
And that purpose keep in view;
Drifting like a helpless vessel,
Thou canst ne'er to life be true;
Half the wrecks that strew life's ocean,
If some star had been their guide,
Might have long been riding safely,—
But they drifted with the tide.

—Robert Whitaker.

LO, THE POOR EDITOR:

"Lives of great men oft remind us
Honest toil stands little chance;
The more we work we have behind us
Bigger patches on our pants;
On our pants, once new and glossy,
Now are stripes of different hue,
All because our patrons linger
And don't pay us what is due.
Then let us all be up and doing:
Send in your mite, however small;
Or, when the winds of winter strike us
We shall have no pants at all."

(I have sent out every bill on my books. I need some pants.—Editor.)—Texas Med. Journal.

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Miscellaneous Notes.

We are in receipt of an original article by Dr. C. G. Clark, of New York, on "Rectal Irrigation in Entero-Colitis of Children," in which he recommends washing out the colon with a solution of Glyco-Thymoline. We regret that the article is too long to publish in full.

THE NEW PHARMACOPOEIA.

The eighth decennial revision of the United States Pharmacopoeia, which was due in 1900, became official on September 1, 1905. A number of articles considered obsolete have been dismissed, and nearly an equal number of new substances have been added. An effort has been made to bring tinctures to uniform 10 per cent. strength, while drugs containing alkaloids must be assayed and brought to a standard before being dispensed. Among the important additions are cocaine and Coca Wine, the recognition of the latter endorsing a flattering tribute to M. Mariani, who was the originator of this preparation, which has only now been made official. Coca leaves, according to the U. S. P., must contain 0.5 per cent. of ether soluble alkaloids, by weight, and Fluid extract of Coca must contain 0.5 grammes of ether soluble alkaloids, by weight, in each 100 cubic centimeters. That means other alkaloids contained in Coca which are not soluble in ether. Surely great bodies do move slowly. Cocaine was discovered nearly fifty years ago, and it is an equal number of years ago that M. Mariani first introduced Coca Wine to the medical profession.

Notwithstanding the fact that "Vinum Cocae" is now official, physicians who desire the original preparation must carefully specify "Mariani" in order to obtain the results which have for years been advocated as due to Coca—made available in Vin Mariani.—*The Coca Leaf*, September, 1905.

THE CROWNING AGE OF WOMAN.

The second stage of a woman's life, maternity, brings with it pronounced physical changes requiring the most painstaking care on the

part of the attending physician. Especially during and prior to childbirth valuable aid may be rendered by the administration of Hayden's Viburnum Compound. In threatened abortion it exercises a sedative effect upon the nervous system, arrests uterine contraction and hemorrhage and prevents miscarriage. In cases of Rigid Os, which prolongs labor and rapidly exhausts the vitality of the patient, promptly responds to the administration of "H. V. C." and no less an authority than H. Marion Sims said, "I have prescribed Hayden's Virburnum Compound in cases of labor with Rigid Os with good success."

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Dr. Adolphus in speaking of Daniel's Conet. Tint. Passiflora Incarnata, described it as possessing greater value as a nervine and hypnotic than any other remedy he had ever used in his practice. "The May pop," he said, "contains greater sedative value than any other plant, except of course the poppy, and its power is most successfully conveyed through a concentrated tincture. I have given it to patients suffering every form of nervousness, from a slight headache to a condition bordering on insanity, and during 30 years I have never known its influence to fail when taken as directed by the physician. I esteem it most highly because it exhibits no after-effects, but just lets the patient rest naturally."

"LIQUID MEDICINE VS. ALKALOIDS" NOT THE QUESTION.
A REPLY TO MISLEADING CRITICISM.

From Am. Journal Clin. Med., May, 1906.

In the April number of the Medical Brief there is another article by Dr. Pitts Edwin Howes upon the "Superiority of Liquid Medicines Over Alkaloids," a reply to an editorial in the February number of the American Journal of Clinical Medicine.

His argument rests on an unstable foundation, even the name of the article: Why does Dr. Howes try to oppose "liquid medicines" to "alkaloids?" Must we assume from this that liquid medicine in order to be good must be free from alkaloids, or that alkaloids can never be administered in a liquid form? The proposition as he states it is an absurdity. If he had proposed to discuss Liquid Medication vs. Dry Medication we might both have been fighting on the same side, for we are perfectly willing to admit that there are some medicines which are best administered in the liquid form, just as we believe that for the vast majority of the alkaloidal salts and active principles, all things considered, the granule form is the best. We do not, never have and never shall say that liquid medicines are necessarily unreliable and advise against their use. OUR FIGHT IS NOT AGAINST LIQUID REMEDIES BUT AGAINST UNCERTAIN REMEDIES IN ANY FORM. Is that plain enough?

SOME RESULTS FROM THE USE OF CARBENZOL

Mrs. M., age 35, multipara; about four weeks prior to her last accouchment she complained of warts on the vulva and an examination revealed the fact that the labiae minora and majora were covered with cauliflower-like excrescences, accompanied with intense itching and some bleeding. The physician in charge decided to wait until after the birth of her child and then remove the growths with the knife. After the child was born, the doctor met with an accident and I was called to attend the case. I found the patient in a depressed condition and fearful of the knife, and decided to use carbenzol to allay the intense itching. It was applied freely, and during the first twenty-four hours quite a large number of the warts became detached, leaving

the mucous membrane clean and healthy underneath. The treatment was now pushed vigorously and at the end of two weeks all signs of the warts had disappeared, the underlying mucous membrane was perfectly healthy and has remained so up to this time, now three months since treatment ceased.

Mrs. S., suffering from a soft corn between the toes of the right foot, four applications of carbenzol completely cured the foot and there has been no evidence of a return of the trouble.

Mrs. W. J. S., age 40, eczema of the hands. Has suffered at intervals for the past four years, being worse during the winter months. At every bend of the fingers the skin would crack open and bleed, at the same time attended with intense itching. Carbenzol was prescribed, and at the end of two weeks the hands were perfectly well. The patient now uses carbenzol soap as a prophylactic against return of the trouble.

Mr. J. B., age 48, a motorman on one of our electric railways. Ulcer on the right leg midway between the ankle and knee. When first seen the sore had been troubling him for three years and resisted all treatment. The ulcer was irregular in form and covered about four square inches, edges everted and undurated. Applied carbenzol, which treatment was continued during five weeks with the result that the sore was completely healed and covered with a healthy cicatrix. Internally iron, quinine and strychnine arsenates with nuclein were administered.

Mrs. S. H., at 35, multipara. Presented suffering from ulcerated cervix, the ulcers extending to the vaginal mucous membrane of the cul-de-sac, the patient experiencing great pain and practically unable to walk.

After examination it was determined to use carbenzol. This was poured into the vagina through the speculum, and the whole vagina packed with antiseptic gauze and cotton, over all a "T" bandage. After dressing the patient said, "Why, Doctor, I am relieved, for the first time in six months, I am without pain." After four days the packing was removed, the ulcers had entirely healed and so remain at this writing, over a month from the date of first treatment.

Wm. T. Thackeray, M. D., Chicago.

BOROBENPHENE IN SUMMER COMPLAINT AND CATARRH.

I have used the Borobenphene-Heil as an antiseptic in summer complaints, and have met with very good success, and I have also used it in a case of nasal catarrh, with good success, and I will continue the use of same, as it is a fine antiseptic.

If at any time you have any new remedies, I shall be pleased to receive samples of same.

Very respectfully,

W. B. Moore, M. D., Crider, Ky.

A DYING PROFESSION.

According to the ex-president of the Royal College of Veterinary Surgeons, in three years there will be employment in London for only 300 veterinary surgeons. The remainder will have to follow the horse. Before the introduction of motor cars and motor omnibuses there were 6,000 veterinary surgeons in London.

THE HUMANITIES AS A TRAINING FOR THE SCIENTIFIC MIND.

The *School Review* for June, 1906, contains a symposium on the value of humanistic, particularly classical, studies as a preparation for the study of medicine and of engineering, from the point of view of the professions. It consists of three papers and three discussions thereon, together with a satirical formulation of the current views of collegiate education, the latter by Joseph B. Davis, dean of the department of engineering in the University of Michigan, of which last the character may be gathered from the final proposition: "Any one can plan a college course, a course that will be ever so much better and more 'practical' than the one planned by those who have spent their lives at such work. Children are especially sure they can do this and are not only permitted but encouraged to do it."

Of the papers, the first is by Dr. Victor C. Vaughan, of the University of Michigan, on the value of Greek and Latin to the medical student, and it contains many items of crystalized wisdom. "No one can become a student of anything until he learns how to study, and he does this only under the whip of application." Again the writer

says: "Carelessness and superficiality are incompatible with any thorough study of Greek and Latin. Besides, with the close attention that the student must give to the variations in the structure of words, he soon begins to perceive that these indicate variations in the shade of meaning, and then the joy of study takes possession of the student. His observation is sharpened, his perception becomes more delicate, and he finds increased pleasure in the intensity with which he seeks fully and correctly to interpret the author's meaning. And this habit of close observation, of attention to detail, of looking for fine distinctions and shades of difference, and the alertness of mind possessed by an individual of this habit, will be of inestimable service to him, should he choose medicine for his profession, both in his experimental work in the laboratory and at the bedside of his patient. This point in favor of the study of Greek and Latin, it seems to me, is not easily overestimated."

Alongside of the foregoing quotation we cannot refrain from quoting the following from an editorial article on the Methods of Modern Science, in the *British Medical Journal* of June 16th: "The great defect of a large part of the research work which is being turned out at the present day is its lack of method; it betrays an absence of logical training and shows little sign of that critical capacity for estimating the value of evidence which is preeminently the gift of the legally trained mind. This is no matter for surprise when we remember that this side of the science student's education is almost entirely neglected. After acquiring the elements of his subject he proceeds at once to research work; he possesses no training in the general methods of logic, nor is any offer made to teach him that the fabric of the science which he is investigating is an example of applied logic, and depends for its stability not merely on the accuracy of its facts but on the process of mental construction by which these are put together." We know of no training better calculated to build up a correctness of habit in the process of mental construction than a thorough grounding in one's early days in the study of the humanities, and particularly of Greek and Latin grammar.

On the question of the relative value of a dead language and a

living language as the international language of science, Dr. Vaughan expresses himself as follows: "The language employed by an exact science, like chemistry or bacteriology, must be one which has already crystallized, and not one which means one thing to-day and may have quite another meaning a year from now, or even a century in the future. We must not forget even in the pursuit of the rapidly growing modern sciences, that there is also a science language, and that it, like everything else mundane, comes into existence, goes through a process of evolution, suffers modifications from its environment, and does not crystallize into exactness *until it is no longer used orally* (italics ours); and not until this final period is reached, and it is no longer subject to material modification does it become the suitable form for exact, scientific expression."

The second paper, also an admirable paper, in this symposium, on the Value of the Humanistic Studies as a Preparation for the Study of Medicine, is by Dr. William B. Hinsdale, dean of the Homeopathic Medical College of the University of Michigan. Among other things Dr. Hinsdale says: "There are those whose views upon the subject, if their reasoning be carried to the ultimate conclusions, must lead them to think that the preparation for medicine should begin in the kindergarten." We fear that "those" are many.

The final paper by Herbert C. Sadler, D.Sc., professor of marine engineering in the University of Michigan, deals particularly with the value of the humanistic studies as a preparation for the study of engineering.

In the discussion on Professor Sadler's paper by Gardner S. Williams, C. E., the following crystallization of a much ignored truth appears: "They (students) think that they understand a thing when it is demonstrated before them, and they think that they have acquired it when they merely see it, though they could not reproduce it to save their souls."

Others, besides students, fall into this error. It is particularly common among medical men. Is there not an increasing disposition among men of scant surgical experience, having witnessed a major

operation once, or even twice, to imagine themselves forthwith competent to grasp the technic and perform the operation.

The following argument in favor of Latin as a means of education, enunciated by Professor George W. Patterson, seems to us worthy of reproduction: "Now Latin, with its structure obeying fairly consistent rules, is able to furnish the mind with exercise of practical value comparable with the value of exercises to the musician. The study of Latin grammar gives good opportunity of holding the pupil to good consistent work and leaves little room for vagueness."

Altogether the perusal of this symposium from the proceedings of the classical conference held at Ann Arbor, Michigan, last March, is directly encouraging to these to whom "the humanities" are still something more than a polite and rather useless accomplishment.—St. Louis Medical Review.

THE ENGLISH BILL AGAINST JUVENILE SMOKING.

The Select Committee in the House of Lords to consider the question of juvenile smoking has favored the bill presented by Sir Ralph Littler, K. C., which subjects any person who knowingly sells or delivers or permits or offers to be sold or delivered to children under sixteen years of age any sort of cigarettes, to a penalty of \$10.00 for the first offense and \$25.00 for any subsequent offense. It also proposes that every child under the age of sixteen found in possession of tobacco and cigarettes shall be liable to a fine of \$10.00 and be placed under the jurisdiction of the Juvenile Offenders act. After these provisions it is proposed to add that policemen shall have the right to stop all youths, apparently under sixteen years of age, found smoking, and to confiscate all tobacco in their possession; also to extend that authority to park keepers, school masters, railroad and dock authorities. It seems to us that the fine imposed upon the juvenile offender, since it will fall upon the father or guardian, can be only an indirect method of compelling the parent to exercise the proper authority and jurisdiction by retaliating on the youth with a good thrashing. A thrashing administered under such circumstances is likely to be injudicious and to carry with it an impression of vindictiveness rather

than of the stern and impersonal justice which robbed the thrashing of our boyhood days of any sense of indignity or rebelliousness. If the juvenile offender is to be punished at all, it seems to us that the most trustworthy method would be the judicial administration of the requisite thrashing under conditions that would at the same time render it more awe-inspiring and deprive it of any vestige of seeming vindictiveness or personal animus. We are strongly of the opinion that the intolerable conduct of the youth of to-day is mainly, if not entirely, the result of the dissolution of discipline. Over strictness, we know, in burdening youth with a multitude of galling limitations, rarely ends well. The sound principle is "make as few restrictions as possible; but when they are made enforce them, if necessary, *vi et armis*, right up to the hilt."—St. Louis Med. Review.

RESECTION FOR CANCER OF THE STOMACH.

The brilliant results achieved in what were recently considered hopeless cases of gastric cancer has attracted general remark and it is noted that the success attained by Kocher, Mickulicz and others abroad have been equalled if not excelled by surgeons in this country. Although Ochsner, Munroe, Deaver, Murphy and a few others have contributed largely to the surgical treatment of gastric lesions, the largest amount of clinical material has no doubt been contributed by Mayo, who has reported 500 cases of gastro-enterostomy for varied lesions of those organs. So far as cancerous conditions are concerned we may feel well satisfied with the results attained by the latter surgeon who thus records 76 cases:

14 operated on too recently for value.

9 died in six months.

40 lived 6 to 12 months: 23 alive now.

25 lived 1 to 2 years: 17 alive now.

12 lived 2 to 3 years: 10 alive now.

5 lived 3 to 4 years: 4 alive now.

1 lived 5 years: alive now.

It is interesting to note in this connection that about 50 per cent. suffered previously from gastric ulcer.

So recently has the treatment been instituted that it is impossible to estimate the number of actual cures or the permanency of the same, yet the constantly improving technique would lead us to infer that some of the later cases will make an excellent showing. The low mortality rate now attending these operations not only renders them permissible but worthy of recommendation in all instances in which the diagnosis of cancer be established.—From New England Med. Monthly.

THE PURE FOOD BILL.

The profession is justly congratulating itself upon the passage of an act which in various forms has occupied the attention of physicians for several years.

While not passed as originally drawn, the few concessions made were of minor importance and will not greatly impair its efficiency. All meat and meat products will now undergo a rigid inspection; the date of such examination will not be given and the expense of such protection will be defrayed by the consumer. Henceforth, we shall see less of those patent medicines which are sufficiently strong to prove intoxicating and which contain narcotics in large proportions, as the law requires the amounts of all such ingredients to be plainly designated on the labels.

The battle has been stubbornly fought and thanks are due several of our popular magazines for the determined stand which they have taken and the co-operation which has been tendered the medical journals and individual advocates of this movement of reform.—New Eng. Med. Monthly.

THE LIMIT.

Some "Phelan" remarks on a tender subject.—The editor of the Oklahoma News Journal remarks:

"Do not make a nitrate of silver apology to a chancroid; caustic remarks are almost as curative, and are furnished gratis by the patient."

And again:

Gabriel—"The last shade is complaining of cramps."

St. Peter—"Tell him we don't treat cholera in phantom."

The coinage of words by affixing a Latin or Greek termination to an English stock, as "lithic acid-emia," for instance, is a barbarism. The latest occurs in the Medical Council. Some one there gives a prescription for a "Dandruffeide"! Something to kill dandruff! Soap would be a good dirticide," eh?

ANTISEPSIS IN OBSTETRICAL WORK.

The profession are a unit on the judicious use of antiseptics in obstetrical work. The problem confronting the obstetrician is what antiseptic he can employ that will give the maximum amount of bactericidal power with a minimum amount of toxic or irritating action on delicate tissues.

Sulpho-naphtol meets these essential requirements in a highly satisfactory way, and the number of physicians, surgeons and obstetricians who are using this ideal antiseptic is constantly growing. They have found it not only remarkably reliable in its antiseptic and deodorant properties, but absolutely free from toxicity or escharotic action. As a consequence, it reduces inflammation processes, relieves pain, and stimulates healing to a marked degree. After parturition solutions used as douches promptly destroy dangerous organisms, remove fetid odors and by relieving congested tissues hasten a return to normal condition. It certainly fills an important place in the up-to-date obstetrical bag and the more it is used the more it is depended upon.—*International Journal of Surgery.*

TONICS IN THE TREATMENT OF SYPHILIS.

In the treatment of the syphilitic patient, there often comes a time when the mercurials and iodides can be safely suspended, and the patient placed temporarily on a good efficient tonic. In such instances Fellows Sy. Hypophos. Comp. gives uniform satisfaction and the weakened, debilitated patient rapidly gets back his strength and vigor. Then the specific treatment can be resumed as the medical attendant deems necessary.

This idea of alternating or combining specific and tonic treatment in syphilis is growing in popularity and there seems to be little doubt

that the results obtained are more prompt and satisfactory. Fellows Syr. Hypophos. Comp. has a remarkable field of usefulness in this connection and its administration over long periods is often times a pronounced factor in ultimately curing this distressing disease.—International Journal of Surgery.

THE MALNUTRITION OF INFANTS.

One of the most difficult tasks that the physician is called upon to undertake is the restoration of a marasmic child to a state of normal nutrition. Regulation of the diet is undoubtedly the first consideration, but often even after the most careful and painstaking adjustment of the food, the little sufferer still continues to run down. Therefore, a tonic alterative is always desirable in these cases, and the preparation known as Henry's Three Chlorides has proven unusually efficient. Under its use the digestive organs are stimulated to greater activity, and what is still more important, the glandular and lymphatic structures arouse from their lethargy and resume their function. Thus in conjunction with proper food a nutritional balance is established and the child becomes normal.

Henry's Three Chlorides is not limited in usefulness to conditions of malnutrition. It has also proven of marked value in chorea, anemia, glandular diseases and hereditary syphilis in children; and in gastritis, anemia, general debility and convalescence from acute diseases in adults.—International Journal of Surgery.

COMBINES EFFICACY WITH SAFETY.

In the practitioner's daily life there is ever an opportunity to exhibit an anti-pyretic and pain reliever, which combines efficiency with absolute safety, for the benefit of his patients and credit to himself. Prior to five years ago, I had used the various antipyretics and analgesics with fear and trembling, feeling that for the decline of every degree of fever the heart suffered in proportion. However since I have used Anti-kamnia Tablets I suffer from no fears on the above score.

A brief outline of a few clinical cases, wherein this remedy was used with unvarying success, will doubtless be of interest.

Case 1—H. S., eat. 19 was taken with a prolonged and severe chill, and rise of temperature, followed by swelling of both ankle joints, exquisitely painful. Diagnosis: Acute inflammatory rheumatism; salicylate of soda in large doses ordered with very little result, in fact with no appreciable effect. Antikamnia Tablets were ordered, one every three hours. After the first few doses the patient was much more comfortable, in fact, comparatively free from pain. The joints were continuously enveloped in cold pack and a tablet of Antikamnia ordered to be taken every four hours. The young man made a perfect recovery in six days and at no time during his illness were any heart symptoms noticed.

Case 2—Miss B. was subject to the most excruciating pain before and during her monthly periods. An examination revealed no organic trouble. She always spent several days of the month in bed. Several medical men had prescribed for his lady with only a modicum of relief. Antikamnia & Codeine Tablets were prescribed with marked amelioration of the pain before and during the flow. She still continues to take these tablets and suffers little or no pain while menstruating.

Case 3.—Mr. Wm. W., a young man of 22 years, consulted me regarding his condition. He had been subject to headaches for nearly a year, from no apparent cause. The pain was so severe that he was often totally incapacitated for business. I gave him Laxative Antikamnia & Quinine Tablets, instructing him to take one every two hours. The result was entirely satisfactory and he always finds prompt relief by the use of these tablets.

Case 4—Mr. J. a clergyman, thoroughly convalescent after a severe attack of pneumonia, was troubled with a short hacking cough which annoyed him exceedingly. Antikamnia & Codeine Tablets given as required, entirely relieved his condition.

In conclusion, when a prompt and safe antipyretic and analgesic is indicated, I shall continue to prescribe Antikamnia Tablets alone, or in some of the various combinations, feeling that I shall, in no measure, be disappointed in their immediate results.

July 10, 1906.

R. Graham Hereford, M. D.

THE OCULAR FACTORS IN THE ETIOLOGY CURVATURES.

H. Augustus Wilson discusses the relations that exist between certain forms of acquired spinal distortions and postures of the head. The more extensive the bony changes the less prospect is there for betterment, and remedial measures then employed are at best but palliative. He confines his discussion to the possible effects of acquired postures of the head in using the eyes, whether occurring alone or in conjunction with other recognized causes of scoliosis. He refers to several papers by Gould, from which are deduced certain facts and explanations. It can be demonstrated upon any normal person that a certain astigmatic (glass) lens, placed so that the artificial astigmatism produced shall be at axis 75° , will obscure vision unless the head is tilted 15° to the right, in order to bring vertical objects into clearer vision. If a patient has 75° astigmatism, because of curvature of the cornea, he will be compelled to tilt his head to the right to see clearly. These truths depend upon other factors, such as righthandedness and the presence of an equal or better acuteness of vision of the right eye. If the patient is left-handed he is also left-eyed, and the left eye then becomes the chief factor in the production of head tilting. In the dextral posture the body is curved to the left and the head and neck more curved, rotated to the right, and spirally upward, so that the cervical portion of the vertebral column has three abnormal positions, curves, or twists; viz., a curve with convexity to the right, a rotation on itself, and a spiral twist. These vicious positions are of purely ocular origin. The therapeutics of the functional stages of spinal curvature should be to remedy any existing head tilting and to stop the morbid writing posture by placing the paper opposite the right shoulder, when sitting squarely and upright before the desk, and to incline the desk leaf at an angle of at least 30° . Again the orthopedic surgeon should direct the use of such remedial measures as have been determined as best adapted to securing full, normal function and re-establishing verticality.—N. Y. Med. Jour.